

Highly Confidential - Subject to Further Confidentiality Review

Page 421

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

- - -

IN RE: NATIONAL : HON. DAN A.
PRESCRIPTION OPIATE : POLSTER
LITIGATION :
APPLIES TO ALL CASES : NO.
: 1:17-MD-2804

- HIGHLY CONFIDENTIAL -
SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

- - -
JANUARY 23, 2019

- - -
VOLUME II

Videotaped sworn continued
deposition of BRIAN LORTIE, taken
pursuant to notice, was held at McCARTER
& ENGLISH, LLP, 1600 Market Street,
Suite 3900, Philadelphia, Pennsylvania,
beginning at 2:36 p.m., on the above
date, before Margaret M. Reihl, a
Registered Professional Reporter,
Certified Shorthand Reporter, Certified
Realtime Reporter, and Notary Public.

- - -

GOLKOW LITIGATION SERVICES
877.370.3377 ph | 917.591.5672 fax
deps@golkow.com

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<p style="text-align: right;">Page 422</p> <p>1 APPEARANCES: 2 3 SEEGER WEISS LLP 4 BY: JENNIFER SCULLION, ESQUIRE 5 ERICA KUBLY, ESQUIRE 6 SABRINA TYJER, PARALEGAL 7 77 Water Street 8 New York, NY 10005 9 (212) 584-0700 10 jscullion@seegerweiss.com 11 Representing the Plaintiffs 12 13 BRANSTETTER, STRANCH & JENNINGS, PLLC 14 BY: JOE P LENISKI, JR , ESQUIRE 15 The Freedom Center 16 223 Rosa L parks Avenue, Suite 200 17 Nashville, Tennessee 37203 18 (625) 254-8801 19 joeyl@bjsfir.com 20 Representing the Tennessee Plaintiffs 21 22 GOODELL DEVRIES LEECH & DANN, LLP 23 BY: ROBERT LIMBACHER, ESQUIRE 24 ADAM S TOLIN, ESQUIRE Two Commerce Square 2001 Market Street, Suite 3700 Philadelphia, Pennsylvania 19103 (267) 765-3600 rlimbacher@gdldlaw.com atolin@gdldlaw.com Representing the Defendant Endo and the witness 25 26 27 28 29 30</p>	<p style="text-align: right;">Page 424</p> <p>1 APPEARANCES VIA TELECONFERENCE AND STREAM 2 3 ULMER & BERNE, LLP 4 BY: SARAH M BENOIT, ESQUIRE 5 65 East State Street, Suite 1100 6 Suite 1100 7 Columbus, Ohio 43215 8 (614) 229-0016 9 sbenoit@ulmer.com 10 Representing Amneal Pharmaceuticals, Inc 11 12 JONES DAY 13 BY: TAYLOR GOODSPEED, ESQUIRE 14 555 California Street, 26th Floor 15 San Francisco, California 94104-1500 16 (415) 875-5804 17 tgoodspeed@jonesday.com 18 Representing the Defendant Walmart 19 20 CLARK MICHIE LLP 21 BY: BRUCE CLARK, ESQUIRE 22 220 Alexander Street 23 Princeton, New Jersey 08540 24 (609) 423-2142 25 Representing the Defendant, Pernix Therapeutics Holdings, Inc 26 27 REED SMITH LLP 28 BY: SHANA E RUSSO, ESQUIRE 29 RYAN K BLAKE, ESQUIRE 30 Three Logan Square 31 1717 Arch Street, Suite 3100 32 Philadelphia, Pennsylvania 19103 33 (215) 851-8280 34 srusso@reedsmit.com 35 rblake@reedsmit.com 36 Representing the Defendant AmerisourceBergen 37 38</p>																																																																																						
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<p style="text-align: right;">Page 430</p> <p>1 THE VIDEOGRAPHER: Good 2 afternoon. We are back on the record. 3 Today's date is January 23rd, 2019, and 4 the time is 2:36 p.m. This is the 5 continuation of the deposition of Brian 6 Lortie. 7 Sir, I'm reminding you you're 8 still under oath. 9 THE WITNESS: Yes, thank you. 10 BY MS. SCULLION: 11 Q. Good afternoon, Mr. Lortie. 12 Welcome back. 13 A. Thank you. 14 Q. As the videographer reminded you, 15 you're still under oath, you realize that? 16 A. I understand. 17 Q. Terrific. Between the time we 18 ended yesterday and today, did you do anything 19 further to prepare for the deposition? 20 A. I did not. 21 Q. Did you meet with counsel? 22 A. Only on our way from here to -- 23 as we were walking up, but nothing substantial. 24 Q. And did you discuss your</p>	<p style="text-align: right;">Page 432</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p> 
<p style="text-align: right;">Page 431</p> <p>1 testimony with anyone other than counsel? 2 A. No, I did not. 3 Q. Okay. One of the things we 4 looked at early in the deposition yesterday was 5 your Severance Agreement -- 6 A. Yes. 7 Q. -- with Endo. Do you remember 8 that? 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p> 	<p style="text-align: right;">Page 433</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p> 

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BY MS. SCULLION:

Q. Okay. Let's go back into your
corporate capacity.

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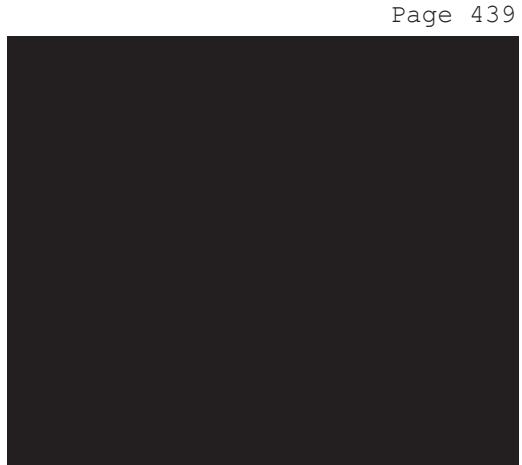
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<p>Page 438</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p> 	<p>Page 440</p> <p>1 -- as part of Endo's procedures -- sorry -- 2 anti-diversion procedures, was the risk 3 management team making an assessment about 4 whether prescriptions were medically necessary? 5 MR. LIMBACHER: Same objections. 6 THE WITNESS: Yeah, I think my 7 answer is exactly the same. They were 8 convened to look at prescriptions among 9 the other inputs to the activities of 10 that committee, for the sole purpose in 11 that case of understanding whether those 12 prescriptions were appropriate or 13 unusual for any way. 14 Beyond that, how they addressed 15 those, I'm just -- I wasn't part of that 16 team, so I can't give you any further 17 detail. 18 BY MS. SCULLION: 19 Q. And I'm trying to understand when 20 in the context of what you just said in trying 21 to determine whether -- sorry -- whether the 22 prescriptions were appropriate or unusual in any 23 way, did that include an assessment of whether 24 the prescriptions were medically necessary?</p>
<p>Page 439</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14</p> <p>15 Q. And you can't speak to that as 16 the corporate representative today, correct? 17 MR. LIMBACHER: Object to form 18 and object to the extent it falls 19 outside the scope of the topics on which 20 he's been designated. 21 THE WITNESS: I've answered it to 22 the best of my ability. 23 BY MS. SCULLION: 24 Q. Okay. And do you know whether in</p>	<p>Page 441</p> <p>1 MR. LIMBACHER: Same objections, 2 asked and answered. 3 THE WITNESS: Yeah, and I don't 4 know any further detail than what I've 5 testified in answering that question. 6 BY MS. SCULLION: 7 Q. Okay. So let's turn to topic 8 number 39 for the corporate representative 9 issues, and that is Endo's collaboration with 10 other defendants. 11 Did Endo collaborate with any 12 other manufacturers with respect to issues of 13 marketing, sales, distribution of opioid 14 products? 15 A. No. 16 MS. SCULLION: Let's have Exhibit 17 Number E1326. 18 BY MS. SCULLION: 19 Q. Endo was a long-time supporter of 20 the American Pain Foundation, correct? 21 A. I'm not sure how long Endo was a 22 supporter of that. I recognize that from time 23 to time through unrestricted medical grants and 24 the like that that would have been one of</p>

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<p>1 the sources of support.</p> <p>2 Q. And the American Pain Foundation, 3 other supporters include other manufacturers of 4 opioids, such as Purdue, correct?</p> <p>5 A. That I don't know.</p> <p>6 Q. Do you know that as Endo's 7 corporate representative here today?</p> <p>8 MR. LIMBACHER: Object to form, 9 and I object as falling outside the 10 scope of the topics on which he's been 11 designated. That falls under topic 36 12 of your deposition notice, and he has 13 not been designated on that topic.</p> <p>14 MS. SCULLION: This goes to the 15 questions of collaboration through the 16 APF. Let me hand you what's been 17 marked as Exhibit Number --</p> <p>18 MR. LIMBACHER: The deposition 19 notice specifically references 20 relationships with a number of entities, 21 including the American Academy of Pain 22 Medicine, the American Pain Foundation, 23 the American Pain Society and others.</p> <p>24 (Document marked for</p>	<p>1 to the APF?</p> <p>2 MR. LIMBACHER: Object to form 3 and also object as falling outside the 4 scope of the topics on which he's been 5 designated. This falls squarely within 6 topic number 36 of your deposition 7 notice.</p> <p>8 THE WITNESS: So would you just 9 mind reasking the question.</p> <p>10 BY MS. SCULLION:</p> <p>11 Q. Yeah. That Ms. Kitlinks is 12 referring to Mr. Giglio, the new executive 13 director of the American Pain Foundation, and 14 she is conveying that he's expressing his 15 appreciation for the support Endo has provided 16 to the APF.</p> <p>17 Do you see that?</p> <p>18 MR. LIMBACHER: Same objections.</p> <p>19 THE WITNESS: Yes, I read that in 20 Linda's e-mail.</p> <p>21 BY MS. SCULLION:</p> <p>22 Q. And, in particular, it refers to 23 a grant submission request that the APF is going 24 to be sending to Endo, correct?</p>
<p style="text-align: center;">Page 443</p> <p>1 identification as Endo-Lortie Deposition 2 Exhibit No. 39.)</p> <p>3 BY MS. SCULLION:</p> <p>4 Q. Let me hand you what's been 5 marked as Exhibit Number 39.</p> <p>6 And for the record, Exhibit 39 is 7 Bates stamped ENDO-OPIOID_MDL-02634029.</p> <p>8 Mr. Lortie, do you see Exhibit 39 9 is a August 1st, 2001 e-mail from Linda 10 Kitlinks to, among others, Carol Ammon?</p> <p>11 A. Yes, I see that on the cover, the 12 e-mail cover, yes.</p> <p>13 Q. Carol Ammon was at the time the 14 CEO of Endo, correct?</p> <p>15 A. I believe so. Again, August 2001 16 was fully eight years before I arrived at Endo, 17 but Carol was the founding CEO, so --</p> <p>18 Q. Right.</p> <p>19 A. -- that's probably correct.</p> <p>20 Q. Okay. And do you see 21 Ms. Kitlinks is referring to Mr. Giglio, the 22 new executive director of the American Pain 23 Foundation and that he's expressing his 24 appreciation for the support Endo has provided</p>	<p style="text-align: center;">Page 445</p> <p>1 MR. LIMBACHER: Same objections.</p> <p>2 THE WITNESS: I don't know. I'll 3 read on to see.</p> <p>4 BY MS. SCULLION:</p> <p>5 Q. The end of the e-mail?</p> <p>6 A. This predates me, so, therefore, 7 I'm not -- I'm obviously not a recipient of it.</p> <p>8 Yes. And so I see where he -- as 9 you mentioned before, he expresses his 10 appreciation of support and is forwarding a copy 11 of something along related to a grant submission 12 request.</p> <p>13 Q. Okay. And if you go to page -- 14 sorry, we've marked Exhibit 39 as -- with E1326 15 at the top right-hand corner.</p> <p>16 If you go to page E1326.3, which 17 is "Background and Update to Endo 18 Pharmaceuticals From the American Pain 19 Foundation."</p> <p>20 Do you see in the second 21 paragraph of the overview of the American Pain 22 Foundation it states here, the "APF was founded 23 in 1997 by three former presidents of the 24 American Pain Society"?</p>

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<p style="text-align: center;">Page 446</p> <p>1 MR. LIMBACHER: Object to form 2 and foundation and object as falling 3 outside the scope of the topics on which 4 he's been designated. Again, these 5 questions fall squarely within topic 6 number 36 of your deposition notice. 7 THE WITNESS: If it's okay, I'm 8 just going to read a couple of pages 9 here to orient myself. 10 BY MS. SCULLION: 11 Q. I mean, the only question is do 12 you see that it says that the APF was founded in 13 1997 by three former presidents of the American 14 Pain Society? 15 A. Yeah, just a second, if I could, 16 I just want to kind of ground myself, since this 17 was not a communication that -- 18 Q. I'll tell you, it's the only 19 question I have about this page. 20 A. Sure, but it's just important 21 that I get what is being communicated here. 22 MR. LIMBACHER: Take your time 23 and review the document. 24 BY MS. SCULLION:</p>	<p style="text-align: center;">Page 448</p> <p>1 BY MS. SCULLION: 2 Q. For example, with respect to 3 medical guidelines for the use of opioids, did 4 Endo collaborate with other manufacturers on 5 that issue? 6 MR. LIMBACHER: Same objections. 7 THE WITNESS: I don't -- I'm not 8 aware specifically because that didn't 9 fall squarely in my responsibility. To 10 the extent to which Endo collaborated 11 with any other manufacturer on a broad 12 topic, as you just mentioned, 13 guidelines, et cetera. 14 MS. SCULLION: So, counsel, is 15 Mr. Lortie here to testify on topic 39 16 with respect to collaboration among Endo 17 and any other pharmaceutical 18 manufacturers concerning use of opioid 19 products? 20 MR. LIMBACHER: He's here to 21 testify with regard to topic 39 as it 22 reads in your deposition notice and in 23 the context of the other topics which 24 you have set forth in your deposition</p>
<p style="text-align: center;">Page 447</p> <p>1 Q. I'll withdraw the question. 2 Now, is it your contention, is it 3 Endo's contention that Endo did not collaborate 4 with any other manufacturers of opioids such as 5 Purdue Pharma through the APF? 6 MR. LIMBACHER: Object to form, 7 foundation and to the extent it falls 8 outside the scope of the topics on which 9 he's been designated. 10 THE WITNESS: I believe the 11 question I answered originally was 12 regards to three specific topics, sales, 13 marketing and distribution, and the 14 answer to that is, no, Endo did not 15 collaborate with any other manufacturers 16 on those topics. 17 BY MS. SCULLION: 18 Q. How about with respect to the use 19 of opioids, did it collaborate with other 20 manufacturers with respect to the use of 21 opioids? 22 MR. LIMBACHER: Same objections. 23 THE WITNESS: I'm not sure I 24 really understand the question.</p>	<p style="text-align: center;">Page 449</p> <p>1 notice. 2 He's not here to testify about 3 other topics that are clearly distinct 4 from topic number 39. 5 MS. SCULLION: Right, and is it 6 Endo's contention that topic 39 does not 7 include collaboration with other 8 pharmaceutical manufacturers concerning 9 the use of opioids as stated here -- 10 I'll read for the record, our notice 11 states, any effort you, you're Endo, 12 made directly or through any third party 13 to collaborate with one or more other 14 pharmaceutical manufacturers or 15 distributors concerning marketing, use, 16 prescribing, sale, distribution or 17 regulation of any one or the class of 18 opioid products, including any 19 collaborative lobbying efforts 20 concerning any of the foregoing. 21 MR. LIMBACHER: You read that 22 correctly, counsel, and we may have 23 disagreement with regard to how you're 24 defining the word use, if that is the</p>

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<p style="text-align: center;">Page 450</p> <p>1 issue that's on the table. But why 2 don't you use your time to ask him 3 questions.</p> <p>4 MS. SCULLION: I will use the 5 time to ask the questions. It is our 6 contention that that is -- so 7 collaboration with respect to medical 8 guidelines, for example, would be part 9 of that topic.</p> <p>10 BY MS. SCULLION:</p> <p>11 Q. Are you familiar with --</p> <p>12 MR. LIMBACHER: He answered those 13 questions, subject to my objections.</p> <p>14 MS. SCULLION: Right, and his 15 answer was he didn't know because it 16 wasn't within his area of 17 responsibility, and I was asking whether 18 he'd been prepared as a corporate 19 representative to speak to, for example, 20 Endo's collaboration with other 21 manufacturers on medical guidelines for 22 the use of opioids.</p> <p>23 BY MS. SCULLION:</p> <p>24 Q. Let me ask you this question: are</p>	<p style="text-align: center;">Page 452</p> <p>1 Q. And so for the layperson, do 2 medical guidelines relate to the use of the 3 given drug category?</p> <p>4 MR. LIMBACHER: Object to form.</p> <p>5 THE WITNESS: It's possible that 6 they could. But as I tried to explain, 7 it could also speak to diagnosis, 8 therapeutic advances, therapy, as you 9 point out, so it could, but it also is a 10 broader and more broadly defined 11 category.</p> <p>12 BY MS. SCULLION:</p> <p>13 Q. Could it -- do they also relate 14 to the prescribing of a given category of drug 15 products, guidelines for prescribing those?</p> <p>16 MR. LIMBACHER: Object to form.</p> <p>17 THE WITNESS: It could, yes, 18 sometimes that's the case.</p> <p>19 BY MS. SCULLION:</p> <p>20 Q. Okay. Are you prepared today, as 21 Endo's corporate representative, to speak to 22 Endo's collaboration with other manufacturers 23 concerning medical guidelines to the extent that 24 those guidelines relate to the use of opioid</p>
<p style="text-align: center;">Page 451</p> <p>1 you familiar with medical guidelines?</p> <p>2 A. As a general topic.</p> <p>3 Q. Okay. And can you explain what 4 your understanding is of --</p> <p>5 A. That was a yes. I was asking you 6 for your clarification, as a general topic, 7 medical guidelines?</p> <p>8 Q. Yes.</p> <p>9 A. Yes, I am familiar.</p> <p>10 Q. And can you explain what your 11 understanding is of what medical guidelines are?</p> <p>12 A. Across any number of therapeutic 13 areas from time to time bodies of healthcare 14 professionals and other interested parties often 15 come together, occasionally, it's the government 16 or the CDC or others, to provide medical 17 guidelines, in other words, therapeutic 18 guidelines for approaches to certain disease or 19 diagnosis of disease or treatment of disease. 20 So just about my experience of many years in 21 this industry, that's something that occurs as a 22 matter of routine activity across any number of 23 therapeutic areas.</p> <p>24 BY MS. SCULLION:</p>	<p style="text-align: center;">Page 453</p> <p>1 products?</p> <p>2 MR. LIMBACHER: Counsel, if you 3 have documents you want to put in front 4 of him that fall within the scope of 5 topic 39, he is prepared to answer those 6 questions.</p> <p>7 MS. SCULLION: I don't want to 8 sit here and show him documents if he's 9 not been prepared to speak to the topic, 10 and we are not going to have this time 11 come out of our 30(b)(6) time because 12 it's apparent that he has not been 13 prepared on the full scope of the 14 topics, but I do want to make sure I 15 understand.</p> <p>16 BY MS. SCULLION:</p> <p>17 Q. Have you been prepared to speak 18 to Endo's collaboration with other manufacturers 19 on medical guidelines to the extent the 20 guidelines relate to the use of opioid products?</p> <p>21 MR. LIMBACHER: And, again, 22 counsel he's been prepared to testify 23 within the scope of a reasonable 24 definition and interpretation of topic</p>

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<p>1 39, recognizing that there are a lot of 2 other topics in this deposition notice 3 that sometimes more specifically refer 4 to some of the issues that you are 5 raising.</p> <p>6 So if you have questions about 7 particular documents, why don't you put 8 those documents in front of him, and 9 he'll be happy to answer those 10 questions, subject to my objections.</p> <p>11 BY MS. SCULLION:</p> <p>12 Q. Were you prepared on that issue?</p> <p>13 A. I am sure I can shed light on 14 certain areas of that topic. We just spoke 15 about the definition of guidelines and how 16 they're used.</p> <p>17 There will be a level beyond 18 which I was not involved specifically, so I 19 can't attest based on my own experience because 20 I don't recall sitting on a guidelines 21 preparation committee, and -- but I'd be happy 22 to do my very best to answer the questions if 23 you can show me what you'd like me to respond 24 to.</p>	<p>1 A. Sure, I can. Based on my 2 experience, my recollections generally are that 3 when medical guidelines were either communicated 4 to Endo or when Endo had an opportunity to 5 respond to requests for having input, my view is 6 I understood Endo's contribution to those 7 discussions in concert with our physicians, with 8 our regulators, for example, our health economic 9 team, whatever the question was, we would 10 always, if invited, put the appropriate staff in 11 contact and respond to those.</p> <p>12 To the extent that other 13 companies were involved and also asked to 14 contribute to guidelines, and, again, I'm 15 talking generally, I'm not speaking with regards 16 to any specific one, although I'd be happy to do 17 that, I can't tell you because I never had 18 visibility to the other groups, constituents or 19 companies that may have been asked to 20 contribute. So my view on guidelines and my 21 experience with guidelines is I was looking at 22 it through Endo's involvement, but I was not 23 privy to other company's involvement.</p> <p>24 Q. Do you know, as Endo's corporate</p>
<p style="text-align: center;">Page 455</p> <p>1 Q. I was going to ask you, can you 2 tell me what you know, as Endo's corporate 3 representative, about the extent to which Endo 4 collaborated with other manufacturers of opioids 5 with respect to medical guidelines concerning 6 the use of opioids?</p> <p>7 MR. LIMBACHER: Object to form 8 and foundation and object to the extent 9 it falls outside the scope of the topics 10 on which he's been designated. He is 11 not the corporate representative on any 12 and every issue that you care to raise 13 with him, counsel.</p> <p>14 He has been specifically 15 designated on precise topics following 16 extensive communication back and forth 17 between lawyers for Endo and yourself.</p> <p>18 MS. SCULLION: None of this -- 19 none of colloquy is going to be coming 20 out of our time.</p> <p>21 BY MS. SCULLION:</p> <p>22 Q. Can you tell me what you know 23 about that issue as Endo's corporate 24 representative?</p>	<p style="text-align: center;">Page 457</p> <p>1 representative, can you tell me about Endo's 2 participation in the American Pain Society 3 guideline project?</p> <p>4 MR. LIMBACHER: Object to form 5 and foundation and object as falling 6 outside the scope of the topics on which 7 he's been designated.</p> <p>8 THE WITNESS: Specifically, I 9 cannot, but, again, I'd be happy to 10 review something to see if I have 11 information that would be helpful.</p> <p>12 BY MS. SCULLION:</p> <p>13 Q. You've not been prepared on that 14 topic, correct?</p> <p>15 MR. LIMBACHER: That's because 16 he's not designated on that topic, 17 counsel. The American Pain Society is 18 specifically referenced in topic 36 of 19 your deposition notice. It is not in 20 topic number 39, and I don't see the 21 words medical guidelines anywhere in 22 topic 39.</p> <p>23 MS. SCULLION: Counsel, as you 24 know, I've asked him the question with</p>

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<p>1 respect to use of opioids and it's 2 squarely within topic 39. I'm not going 3 to have any of this colloquy come out of 4 our time for a 30(b)(6) deposition.</p> <p>5 MR. LIMBACHER: You're the one 6 who is choosing to question him on 7 topics on which he has not been 8 designated.</p> <p>9 MS. SCULLION: Counsel, we're not 10 doing this. If you want to do this off 11 the record, I'm happy to do it. I'm not 12 doing it on the record anymore.</p> <p>13 BY MS. SCULLION:</p> <p>14 Q. Do you know as Endo's corporate 15 representative whether Endo co-sponsored, along 16 with other manufacturers of opioids, prescribing 17 guides for opioids?</p> <p>18 A. I'm not aware of such a thing, 19 no.</p> <p>20 Q. Not prepared to speak to that, 21 correct?</p> <p>22 A. I'm not aware of that having 23 happened.</p> <p>24 MR. LIMBACHER: Object to form</p>	<p>1 through our own internal people, I was 2 aware of our contribution to that and 3 our responsibilities. I was not privy 4 to what other companies' input on that 5 was. If I can just finish.</p> <p>6 BY MS. SCULLION:</p> <p>7 Q. Sure, please. I thought you 8 were. I apologize, go ahead.</p> <p>9 A. I do recall that, in general, 10 knowing that other companies were part of that, 11 again, because it was industry wide requirement.</p> <p>12 Q. You say it was an industry-wide 13 requirement, so it was a regulation on the 14 industry with respect to opioid products, 15 correct?</p> <p>16 MR. LIMBACHER: Same objections.</p> <p>17 THE WITNESS: I believe that's 18 correct, yes.</p> <p>19 BY MS. SCULLION:</p> <p>20 Q. Okay. But you have not reviewed 21 documents or otherwise prepared to speak to 22 Endo's collaboration with any other 23 manufacturers on the REMS initiative as part of 24 the regulation of opioid products, correct?</p>
<p style="text-align: center;">Page 459</p> <p>1 and foundation and object to the extent 2 it falls outside the scope of the topics 3 on which he's been designated.</p> <p>4 BY MS. SCULLION:</p> <p>5 Q. Are you prepared to speak as 6 Endo's corporate representative with respect to 7 Endo's collaboration with other manufacturers of 8 opioids on the REMS implementation?</p> <p>9 MR. LIMBACHER: Object to form, 10 foundation and to the extent it falls 11 outside the scope of the topics on which 12 he's been designated. I don't see any 13 reference to REMS implementation in 14 topic number 39.</p> <p>15 THE WITNESS: I think we've 16 testified before, REMS was an 17 industry-wide requirement by the FDA, 18 and, therefore, other companies -- I'm 19 sure every manufacturer was involved.</p> <p>20 I know Endo's involvement in 21 that. Again, same answer as before, to 22 the extent as REMS was being developed 23 and we were required to implement it as 24 part of our risk management program</p>	<p style="text-align: center;">Page 461</p> <p>1 MR. LIMBACHER: Object as falling 2 outside the scope of topic number 39 on 3 which he has been designated.</p> <p>4 THE WITNESS: I've explained to 5 you the depth of my knowledge 6 specifically on the REMS process. I 7 wasn't a part of the working group, so I 8 don't know.</p> <p>9 BY MS. SCULLION:</p> <p>10 Q. Okay. As part of your 11 preparation for the deposition, did you review 12 the RiskMAP updates that Endo submitted to the 13 FDA?</p> <p>14 A. I reviewed probably some of them. 15 I'm not sure I reviewed every single one, but I 16 did review sequence of them and studied them to 17 get a general sense what I understand, you know, 18 so I understand what those were.</p> <p>19 Q. Okay. We'll come back to that.</p> <p>20 I just wanted to make sure I understood.</p> <p>21 MS. SCULLION: Could I have 1570, 22 1574, 1571.</p> <p>23 BY MS. SCULLION:</p> <p>24 Q. I'm going to switch back to your</p>

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<p style="text-align: right;">Page 462</p> <p>1 personal capacity, to be very clear.</p> <p>2 A. Thank you. I appreciate the</p> <p>3 clarification.</p> <p>4 Q. No problem.</p> <p>5 (Document marked for</p> <p>6 identification as Endo-Lortie Deposition</p> <p>7 Exhibit No. 40.)</p> <p>8 BY MS. SCULLION:</p> <p>9 Q. Mr. Lortie, Endo was involved in</p> <p>10 some lobbying efforts in 2016 with respect to</p> <p>11 the VA Promise Act.</p> <p>12 Do you recall that?</p> <p>13 A. Not specifically, but I'd be</p> <p>14 happy to review documents to help jog my memory.</p> <p>15 Q. Do you recall the VA Promise Act,</p> <p>16 an act that, among other things, concerned</p> <p>17 medical guidelines that the VA would use with</p> <p>18 respect to the use of long-acting opioids?</p> <p>19 A. Based on what you just said, I</p> <p>20 recall a little bit, but not a lot of detail.</p> <p>21 Q. Okay.</p> <p>22 A. I haven't reviewed anything</p> <p>23 relative to that.</p> <p>24 Q. Okay. Let me hand you what's</p>	<p style="text-align: right;">Page 464</p> <p>1 And this Exhibit 40 is Bates</p> <p>2 stamped ENDO-OPIOID-MDL_01552423, and just to</p> <p>3 make sure in the upper right-hand corner E1570,</p> <p>4 correct?</p> <p>5 A. Yes, that is the document I have.</p> <p>6 Q. Great, terrific.</p> <p>7 You see this is a November 2015</p> <p>8 e-mail from Timothy Byrne to yourself and others</p> <p>9 at Endo?</p> <p>10 A. I do.</p> <p>11 Q. And the subject matter here is</p> <p>12 Bilirakis Bill and CDC guidelines.</p> <p>13 Do you see that?</p> <p>14 MR. LIMBACHER: Take your time</p> <p>15 and review the document.</p> <p>16 THE WITNESS: Yeah, that's what's</p> <p>17 written in the subject line. I'll just</p> <p>18 take a look at the text here for a</p> <p>19 moment.</p> <p>20 BY MS. SCULLION:</p> <p>21 Q. Sure.</p> <p>22 A. (Witness reviews document.)</p> <p>23 Okay. Thank you.</p> <p>24 Q. Okay. Looking at Exhibit 40,</p>
<p style="text-align: right;">Page 463</p> <p>1 been marked as Exhibit 40.</p> <p>2 And for the record, Exhibit 40 is</p> <p>3 Bates stamped ENDO-OPIOID_MDL-01552423 and</p> <p>4 that's stamped on the upper right-hand corner</p> <p>5 E1570 --</p> <p>6 A. I'm sorry, just the stamp on the</p> <p>7 lower right, I don't believe I've got the same</p> <p>8 number you mentioned.</p> <p>9 Q. The upper right, does yours say</p> <p>10 E1570?</p> <p>11 A. It says E1574.1.</p> <p>12 Q. Oh, I'm sorry. I handed you the</p> <p>13 wrong document.</p> <p>14 A. And I was also referring to the</p> <p>15 Bates stamp as different.</p> <p>16 Q. I meant 1570.</p> <p>17 A. Checking to make sure I'm with</p> <p>18 you.</p> <p>19 Q. Sure. Thank you very much. I</p> <p>20 misspoke. Thank you.</p> <p>21 Try this again. So I'm handing</p> <p>22 you what's marked as Exhibit 40.</p> <p>23 A. Everyone gets a do-over.</p> <p>24 Q. Thank you.</p>	<p style="text-align: right;">Page 465</p> <p>1 does this refresh your recollection about Endo's</p> <p>2 lobbying with respect to what's called here the</p> <p>3 Bilirakis bill, it's called within the -- sorry,</p> <p>4 in the body of the e-mail, it does refer to the</p> <p>5 bill, and it's -- strike that.</p> <p>6 Does this refresh your</p> <p>7 recollection about a bill concerning the VA's</p> <p>8 use of the CDC guidelines?</p> <p>9 A. It doesn't specifically refresh</p> <p>10 my recollection, but I do read that here, so</p> <p>11 it's clear that that's the connection that's</p> <p>12 being made.</p> <p>13 Q. Okay. And if you -- who was Tim</p> <p>14 Byrne?</p> <p>15 A. Tim Byrne was a member of our --</p> <p>16 trying to remember specifically what that</p> <p>17 department was called, but essentially our -- he</p> <p>18 was not in our Washington office but government</p> <p>19 affairs.</p> <p>20 Q. Government affairs?</p> <p>21 A. Thank you, government affairs.</p> <p>22 Q. And government affairs, among</p> <p>23 other things, worked with lobbyists that Endo</p> <p>24 engaged; is that right?</p>

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<p style="text-align: center;">Page 466</p> <p>1 MR. LIMBACHER: Object to form 2 and foundation.</p> <p>3 THE WITNESS: Sorry, to the 4 extent that lobbyists were engaged, they 5 would have been engaged through that 6 department, yes.</p> <p>7 BY MS. SCULLION:</p> <p>8 Q. Okay. And if you look in the 9 first paragraph of Mr. Byrne's e-mail in the 10 second sentence, do you see that he explains in 11 the second half of that sentence, we are 12 opposing a provision in this Bilirakis bill, 13 "opposing a provision that would require the 14 VA/DOD Clinical Practice Guideline for the 15 Management of Opioid Therapy for Chronic Pain be 16 updated to include recommended guidelines as 17 compiled by the Centers for Disease Control and 18 Prevention (CDC)."</p> <p>19 Do you see that?</p> <p>20 A. Yes, I do. I read that.</p> <p>21 Q. Okay. And then Mr. Byrne goes on 22 to explain in the next paragraph, "we," Endo, 23 "are currently working with many other 24 stakeholders in opposing the recently proposed</p>	<p style="text-align: center;">Page 468</p> <p>1 to the last paragraph, last sentence before the 2 closing of Mr. Byrne's e-mail he says, "We will 3 also continue to work with those in the pain 4 community in proposing the proposed CDC 5 guidelines."</p> <p>6 Do you see that?</p> <p>7 A. Yes, you read that correctly.</p> <p>8 Q. And looking at that, again, does 9 that refresh your recollection that Endo was 10 collaborating with other opioid manufacturers in 11 opposing the proposed CDC guidelines?</p> <p>12 A. No, it does not.</p> <p>13 Q. Do you recall that Endo worked 14 with the Pain Care Forum in opposing the CDC 15 guidelines?</p> <p>16 A. I don't, not specifically, no.</p> <p>17 Q. Do you recall Endo working with 18 any organizations in opposing the CDC 19 guidelines?</p> <p>20 A. This doesn't help me recall 21 anything, no.</p> <p>22 Q. Okay. Let's go to -- Mr. Lortie, 23 you personally did go to lobby against the 24 inclusion -- sorry -- you went to personally</p>
<p style="text-align: center;">Page 467</p> <p>1 CDC Guidelines for Prescribing Opioids for 2 Chronic Pain."</p> <p>3 Did I read that correctly?</p> <p>4 A. You read the sentence correctly.</p> <p>5 Q. Okay. And the other 6 stakeholders, that included other opioid 7 manufacturers; is that right?</p> <p>8 A. That's not clear here. It says 9 other stakeholders.</p> <p>10 Q. Do you recall that Endo worked 11 with other manufacturers, among other 12 stakeholders, in opposing the CDC guidelines?</p> <p>13 A. Not specifically, I don't recall.</p> <p>14 Q. And he goes on to explain that 15 the reason that Endo was opposing the CDC 16 guidelines is because, in Endo's view, they 17 would oppose dosing and duration limits and 18 restrict access for patients.</p> <p>19 Do you see that?</p> <p>20 MR. LIMBACHER: Object to form.</p> <p>21 THE WITNESS: Just finding that 22 line. Yes, you read that correctly.</p> <p>23 BY MS. SCULLION:</p> <p>24 Q. Okay. And so, again, if you go</p>	<p style="text-align: center;">Page 469</p> <p>1 lobby against a bill that would have required 2 the VA to follow only the CDC guidelines with 3 respect to the use of opioids, correct?</p> <p>4 A. I don't recall that, no.</p> <p>5 Q. Okay. Hand you what's been 6 marked as Exhibit number 41. 7 (Document marked for 8 identification as Endo-Lortie Deposition 9 Exhibit No. 41.)</p> <p>10 BY MS. SCULLION:</p> <p>11 Q. And Exhibit 41 is Bates stamped 12 ENDO-OPIOID_MDL-01902150, and it's in the upper 13 right-hand corner E1574.</p> <p>14 A. Yes, this is the one I had 15 before.</p> <p>16 Q. It is.</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

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Page 471 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Page 473 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

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<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</p> <p>21 Q. Okay. And this is now dated -- 22 an e-mail, sorry, from Scott -- Andrew Scott 23 dated February 25th, 2016. 24 Do you see that?</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</p>
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p> <p>Page 479</p> <p>1 A. Yes, I do. 2 Q. And Mr. Scott, as it says in his 3 signature block, was the government affairs 4 liaison for Endo at the time, correct? 5 A. Yes. 6 Q. Down in DC, right? 7 A. Yes, he worked in our office in 8 Washington, DC.</p> <p>9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>

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Page 487 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Page 489 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

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19 Q. Okay. And then --
20 MS. SCULLION: Can I have 1572.
21 (Document marked for
22 identification as Endo-Lortie Deposition
23 Exhibit No. 44.)
24 BY MS. SCULLION:

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1 Q. And the changes to the House bill
2 we reviewed earlier, those were also really
3 important to the company, right?

4 MR. LIMBACHER: Object to form.

5 THE WITNESS: I don't recall.

6 BY MS. SCULLION:

7 Q. Let me hand you what's been
8 marked as Exhibit Number 44.

9 And Exhibit Number 44 is Bates
10 stamped ENDO-OPIOID_MDL-01211917, and it's Bates
11 stamped in the upper right-hand corner E1572.

12 Do you see that?

13 A. Yes, I have that document.

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<p style="text-align: center;">Page 494</p> <p>1 </p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12 MS. SCULLION: Can I have E1573, 13 please. 14 (Document marked for 15 identification as Endo-Lortie Deposition 16 Exhibit No. 45.) 17 MR. LIMBACHER: Counsel, whenever 18 is a good time for a break. 19 MS. SCULLION: We can finish 20 after he -- we can take a break after 21 this topic. 22 MR. LIMBACHER: Sure. 23 MS. SCULLION: Just a little bit 24 more.</p>	<p style="text-align: center;">Page 496</p> <p>1 Ms. Mattox, Keri Mattox? 2 A. Keri Mattox is, yes. 3 Q. A woman? 4 A. Yes. 5 Q. Starting with Ms. Mattox's 6 e-mail, Ms. Mattox, she's listed as "SVP 7 Investor Relations & Corporate Affairs"; is that 8 right? 9 A. Yes. At that time, yes. 10 Q. Is investor relations typically 11 the department -- was that typically the 12 department within Endo that had input with 13 respect to medical guidelines for the use of 14 Endo's products? 15 MR. LIMBACHER: Object to form. 16 THE WITNESS: Input into medical 17 guidelines? 18 BY MS. SCULLION: 19 Q. Correct? 20 A. No. 21 Q. Ms. Mattox is only commenting on 22 the CDC guidelines because of the potential 23 impact that she says on Opana ER revenues. 24 Do you see that?</p>
<p style="text-align: center;">Page 495</p> <p>1 MR. LIMBACHER: Thank you. 2 BY MS. SCULLION: 3 Q. I'm going to hand you what's been 4 marked as Exhibit Number 45. 5 And it's Bates stamped in the 6 bottom right-hand corner 7 ENDO-OPIOID_MDL-01902659. On the upper 8 right-hand corner is E1573. 9 Do we have the correct document? 10 A. I have that document, yes. 11 Q. Okay. And if you will, again, 12 start at the back of the document, best place to 13 start is actually on the page E1573.3, at the 14 very bottom there's an e-mail from Keri Mattox 15 to John Harlow, cc'ing you and Mr. Munroe, and 16 that carries over to the next page. 17 Do you see that? 18 A. To E1573.4? 19 Q. Yes. 20 A. So I'll take a look at that. 21 (Witness reviews document.) 22 Okay, thank you. I've looked through the 23 document. 24 Q. So starting with -- is it</p>	<p style="text-align: center;">Page 497</p> <p>1 MR. LIMBACHER: Object to form. 2 THE WITNESS: I'm not sure what 3 you're asking. 4 BY MS. SCULLION: 5 Q. Well, why is Ms. Mattox 6 commenting on the issuance of the CDC 7 guidelines? 8 MR. LIMBACHER: Object to form 9 and foundation. 10 THE WITNESS: Well, if you read 11 the entirety of the e-mail chain, 12 there's a desire to assess what, if any, 13 financial impact there may be on the 14 business as a result of those 15 guidelines. This was -- Keri was in 16 charge of investor relations, corporate 17 communications, and so this would have 18 been very normal in the course of her 19 work. 20 BY MS. SCULLION: 21 Q. Right. And so starting with her 22 e-mail, she explains -- strike that -- she is 23 asking whether the aspect of the CDC's -- CDC 24 guidelines concerning start low and go slow,</p>

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<p>1 whether that would impact Opana ER doses greater 2 than 30 milligrams, and if yes, what portion of 3 the Opana ER revenues could be affected; that's 4 what she's asking about, right?</p> <p>5 MR. LIMBACHER: Object to form. 6 THE WITNESS: You read that 7 correctly. That appears to be part of 8 her question.</p> <p>9 BY MS. SCULLION:</p> <p>10 Q. Right. 11 And she explains that the CDC 12 guidelines reference to start low and go slow 13 she explains, start low and go slow should 14 carefully reassess evidence of individual 15 benefits and risk when considering increasing 16 dosage to greater than or equal to 50 morphine 17 milligram equivalents (MME) a day and should 18 avoid increasing dosage to greater than or equal 19 to 90 MME a day or carefully justify a decision 20 to titrate dosage to greater than or equal to 90 21 MME a day, correct? 22 A. You read that correctly. 23 Q. And then you respond directly to 24 Ms. Mattox on the next page, E1573.3, correct?</p>	<p>1 veterans/families. 2 Did I read that correctly? 3 A. Yes, you did. 4 Q. And that's a reference to what we 5 saw earlier with respect to the changes to the 6 House and Senate bills, correct? 7 A. I can't draw that conclusion 8 here. I have to look back at the timing, so I'm 9 not completely sure. 10 Q. Okay. But, regardless, you are 11 reminding folks that, in fact, as Endo desired, 12 the VA/DOD removed the CDC guidelines from 13 consideration for active military and veterans 14 family, correct? 15 MR. LIMBACHER: Object to form. 16 THE WITNESS: Again, I'd have to 17 go back and tie this together in time 18 and process, but you read the sentence 19 accurately.</p> <p>20 BY MS. SCULLION: 21 Q. Okay. And then if you go to the 22 next e-mail, which is from John Harlow, vice 23 president and general manager, pain business 24 unit, and his e-mail starts on page E1573.2 at</p>
<p style="text-align: center;">Page 499</p> <p>1 A. On 1573.3 in the middle, yes. 2 Q. Yes. 3 And one of the things that you 4 explain is at the very end of your e-mail, 5 "Although this is a relatively low margin 6 business, it accounts for a bit of share." 7 Do you see that? 8 A. Yes, you read that correctly. 9 Q. So you thought that it was 10 worthwhile investigating the potential impact of 11 the CDC guidelines on Endo's revenues for Opana 12 ER, correct? 13 MR. LIMBACHER: Object to form. 14 THE WITNESS: That's not what I 15 recall from reading that, no. 16 BY MS. SCULLION: 17 Q. In the same e-mail you do again 18 remind folks that thanks to Brian, which I 19 understand to be Brian Munroe, and the GA team, 20 that's the government affairs team, right? 21 A. Yeah, I think so. 22 Q. And the government affairs team, 23 the VA/DOD have expressly removed the guidelines 24 from consideration for active military and</p>	<p style="text-align: center;">Page 501</p> <p>1 the bottom and carries over to the top of 2 1573.3. Mr. Harlow is now writing to you and to 3 Ms. Mattox, correct? 4 A. And others. 5 Q. And Mr. Harlow explains that he 6 has reviewed the guidelines and some of the 7 noise around them, right? 8 A. Yes, you read that correctly. 9 Q. And one of the things he has 10 concluded, if you look in the second paragraph 11 of his e-mail, second sentence is "You have to 12 calculate the total daily spelling dose of OER 13 first, so these guidelines could impact the 20, 14 30 and 40 mg dosages," correct? 15 A. Yes, you read that correctly. 16 Q. And then if you go above that, 17 Ms. Mattox responds to Mr. Harlow, thanks for 18 the -- thanks. That clarification is helpful. 19 And she indicates that they will 20 look for the portion of revenues represented by 21 those dosages and will keep you posted regarding 22 final key messages, correct? 23 A. Yes, you read that correctly. 24 Q. And then above that, then, we</p>

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<p>1 have some beginning assessment of the potential 2 impact with respect to those dosage forms. We 3 have Mr. Chris Degnan -- is it Mr. or Ms.; do 4 you know?</p> <p>5 A. That was Mr.</p> <p>6 Q. Mr. Chris Degnan is writing back 7 to Kerry with an analysis of the 2015 actual 8 Opana ER ex-factory units and net sales by 9 strengths, correct?</p> <p>10 A. Yes, you read that correctly.</p> <p>11 Q. And what Mr. Degnan says a couple 12 points to note are that the 30 and 40-milligram 13 doses, which Mr. Harlow said could be impacted 14 by the CDC guidelines, account for about 40% of 15 the volume sold in 2015, correct?</p> <p>16 A. I'm sorry. Point me to that once 17 again, please.</p> <p>18 Q. So we saw that Mr. Harlow had 19 said that the dosages that could be impacted by 20 the CDC guidelines were the 20, 30 and 21 40-milligram dosages, correct. That was in the 22 bottom e-mail at the bottom of E1573.2?</p> <p>23 A. Within those sold within this 24 channel, I should point that out, within the</p>	<p>1 have expressly removed the guidelines from 2 consideration for active military and veterans 3 families. That's what you wrote on March 15th, 4 2016, right?</p> <p>5 MR. LIMBACHER: Object to form.</p> <p>6 THE WITNESS: That's what's 7 written here, but, again, as I've 8 testified before, I don't recall how 9 this lines up to the publication of the 10 guidelines or when they were put into 11 action. I'm not sure whether they were 12 in place by then or not. I just don't 13 recall, sitting here today.</p> <p>14 BY MS. SCULLION:</p> <p>15 Q. Regardless of when they were 16 published, at this point in time as of 17 March 2016, the VA/DOD had already removed those 18 guidelines from its medical guidelines; that's 19 what you were saying, right?</p> <p>20 MR. LIMBACHER: Object to form.</p> <p>21 THE WITNESS: No, that's not what 22 I was saying. That's the point I'm 23 trying to clarify. I don't know that.</p> <p>24 BY MS. SCULLION:</p>
<p style="text-align: center;">Page 503</p> <p>1 VA/DOD military channel.</p> <p>2 Q. Well, this is no longer just 3 about the VA/DOD, right; this is about CDC 4 guidelines, more generally?</p> <p>5 MR. LIMBACHER: Object to form.</p> <p>6 THE WITNESS: That's not how I 7 recall it, no. That's not what I read. 8 I read this as an approximation of the 9 impact of the VA/DOD guidelines which 10 are specifically for products sold 11 within that distribution channel or that 12 channel of business.</p> <p>13 BY MS. SCULLION:</p> <p>14 Q. Well, if you go back to E 1573.3, 15 your e-mail.</p> <p>16 A. Yes, in the middle.</p> <p>17 Q. Yeah, your e-mail is confirming 18 that, in fact, by this point in 2016, the VA/DOD 19 had already expressly removed the guidelines 20 from consideration of active military and 21 veteran families, right?</p> <p>22 A. It doesn't clearly indicate the 23 timing.</p> <p>24 Q. I'm sorry. It says the VA/DOD</p>	<p style="text-align: center;">Page 505</p> <p>1 Q. Okay. In any event, going back 2 to Mr. Degnan's e-mail at the top of E1573.2, 3 he's conveying that of the dosage forms that 4 Mr. Harlow indicates may be impacted by the CDC 5 guidelines, that the 30 and 40-milligram doses 6 account for about 40% of volume sold in 2015, 7 right?</p> <p>8 MR. LIMBACHER: Object to form.</p> <p>9 THE WITNESS: And, again, I'm 10 confused. There's really a missing 11 piece of information in all of these 12 e-mails, and that is to extent of which 13 the measurement is relative to the 14 VA/DOD distribution channel, which is a 15 discrete channel of business versus all 16 doses, so it's not clear. 17 I would suspect that at the time 18 everybody knew exactly how and what 19 channel was being discussed at which 20 point, but it's just not clear, and, 21 sitting here today, I don't recall how 22 that was being calculated.</p> <p>23 BY MS. SCULLION:</p> <p>24 Q. Okay. You would agree that</p>

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<p>1 Mr. Degnan's e-mail doesn't reference the VA 2 channel, correct, doesn't say it's -- doesn't 3 say it's with respect to the VA channel, right? 4 MR. LIMBACHER: Object to form. 5 THE WITNESS: None of them 6 explicitly say that. That's why I'm 7 confused, and I don't recall exactly how 8 this was being characterized. 9 BY MS. SCULLION: 10 Q. And then if you go to first page 11 of Exhibit 45, looking now at Ms. Mattox's 12 March 16th e-mail responding to Mr. Degnan's, 13 she is now drafting key messages with respect to 14 the CDC guidelines, correct? 15 A. She is, yes. 16 Q. Okay. And among the key messages 17 that she has drafted here, if you look at the 18 second bullet point under her second paragraph 19 is "These guidelines could potentially affect 20 Endo's opioid product portfolio," correct? 21 A. Yes. 22 Q. And she says underneath of that 23 that she does not anticipate a material impact 24 to Schedule III Belbuca, right?</p>	<p>1 MS. SCULLION: Because we spent 2 some of that time, unfortunately, on 3 colloquy about the scope of the 4 30(b)(6), and we are trying to be finish 5 up this issue. We're trying to be 6 efficient and get through it. We're in 7 the middle of it so I think it would be 8 much more efficient. 9 MR. LIMBACHER: Are you close to 10 finishing? 11 MS. SCULLION: Yes, we are. 12 (Document marked for 13 identification as Endo-Lortie Deposition 14 Exhibit No. 46.) 15 BY MS. SCULLION: 16 Q. I'll show you what's been marked 17 as Exhibit Number 46. 18 Exhibit 46 is Bates stamped 19 ENDO-OPIOID_MDL-01230052, and it says in the 20 upper right-hand corner E1559.1. 21 Are we on the same page? 22 A. Yes, we are indeed. 23 Q. Okay. And here if you'll go to 24 page E1559.3, which is the beginning of -- at</p>
<p style="text-align: center;">Page 507</p> <p>1 A. That's what's written, yes. 2 Q. Okay. But the key message with 3 respect to Opana ER that she writes here is 4 "Opana ER indicated 'for the management of pain 5 severe enough to require daily, 6 around-the-clock, long-term opioid treatment and 7 for which alternative treatment options are 8 inadequate'; doses most likely to be affected 9 are the 20 mg, 30 mg and 40 mg doses, which made 10 up 65% of product volume and 83% of product 11 revenue in 2015." 12 Did I read that correctly? 13 A. Yes, you did. 14 MS. SCULLION: Can I have E1559. 15 MR. LIMBACHER: Counsel, we've 16 been going for -- 17 MS. SCULLION: This is all part 18 of the same topic, we will finish it up. 19 MR. LIMBACHER: Well, 20 respectfully, I'd like to take a break. 21 Is there a reason why you're not 22 accommodating the hourly request for a 23 break. We're now approximately 20 24 minutes past an hour.</p>	<p style="text-align: center;">Page 509</p> <p>1 the bottom the beginning of Andrew Scott's 2 e-mail of July 7th, 2016 to you, Mr. Campanelli 3 and others, which carries over to page E1559.4? 4 A. Okay. I will just look at it, if 5 I can. 6 Q. Sure. 7 A. (Witness reviews document.) 8 Okay. I have looked at that e-mail. I have to 9 refer to others but if you're going to point me 10 towards that one -- 11 Q. Sure. 12 A. -- I've looked it over. Thank 13 you. 14 Q. I'm going to the second page 15 E1559.4, the second half of Mr. Scott's e-mail, 16 where he is conveying the significant successes 17 Endo has achieved on the conference legislation. 18 It's referring to Comprehensive Addiction and 19 Recovery Act, and he says that those significant 20 successes Endo has achieved include, first one, 21 "We defeated an effort to make the CDC 22 guidelines mandatory - they instead remain 23 voluntary," correct? 24 A. You read that correctly, yes.</p>

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<p style="text-align: right;">Page 510</p> <p>1 Q. Okay. So Endo had significant 2 success in not having CDC guidelines be 3 mandatory. 4 Number 3 he lists here is 5 defeating an effort by senator Baldwin and 6 Gillibrand to broaden the CDC guidelines to 7 include acute pain. That was another 8 significant success, according to Mr. Scott, 9 correct?</p> <p>10 A. Yes, according to Mr. Scott, you 11 read that correctly.</p> <p>12 Q. Okay. And then another 13 significant success Mr. Scott conveys is to help 14 pass a new model opioid guideline development 15 process.</p> <p>16 Do you see that, number 4?</p> <p>17 A. Number 4 I read, "We were key in 18 helping to pass a new model opioid guidelines 19 development process that is open and includes 20 the input of a broad range of government and 21 external stakeholders."</p> <p>22 Q. Right, and he goes on to explain 23 that the expectation is that this new process 24 will -- right, "will compete with the CDC</p>	<p style="text-align: right;">Page 512</p> <p>1 significant successes for Endo, right? 2 A. Well, specifically, I'm happy to 3 read what I wrote. "Andrew and team" -- 4 Q. I didn't ask -- I'm sorry. I'm 5 just asking did you -- 6 A. "Truly excellent work across an 7 impressive set of accomplishments." 8 MS. SCULLION: I move to strike. 9 I didn't ask him to read the e-mail. 10 MR. LIMBACHER: Complete your 11 response. 12 THE WITNESS: You asked me to 13 characterize the response and how I 14 viewed his document. I'd like to read 15 what I wrote him. 16 BY MS. SCULLION: 17 Q. That's fine, you can read it. 18 A. "Andrew and team, truly excellent 19 work across an impressive set of 20 accomplishments. As we've stated many times, as 21 a company we are supportive of treatment and 22 therapeutic guidelines that balance the needs of 23 all stakeholders - most importantly patients and 24 the physicians who treat them. Your work to</p>
<p style="text-align: right;">Page 511</p> <p>1 guidelines." 2 Do you see that? 3 A. The second sentence reads, "This 4 new process is supported by patient and 5 physician groups, and we expect will compete 6 with the CDC guidelines." 7 Q. Right. So among the significant 8 successes are CDC guidelines are no longer 9 mandatory, they're not being broadened to 10 include acute pain, and there's going to be an 11 attempt to develop a competing set of guidelines 12 to the CDC, correct? 13 MR. LIMBACHER: Object to form. 14 THE WITNESS: You read into the 15 record what Andrew Scott wrote here, and 16 I agree with what you read. 17 BY MS. SCULLION: 18 Q. And if you go back to then page 19 E1559.3, you see your response to Mr. Scott? 20 A. At the top? 21 Q. Yes. 22 A. Yes. 23 Q. And you're not disputing 24 Mr. Scott's assessment that these were</p>	<p style="text-align: right;">Page 513</p> <p>1 ensure checks and balances against purely 2 political agendas is much appreciated." 3 Q. So you didn't disagree with him 4 that what he recited were significant successes 5 for Endo, correct? 6 MR. LIMBACHER: Object to form. 7 THE WITNESS: Correct. 8 BY MS. SCULLION: 9 Q. And, in fact, you characterized 10 the agendas against which Endo was successful as 11 purely political, right? 12 MR. LIMBACHER: Object to form, 13 misstates the evidence. 14 THE WITNESS: Yeah, I can read it 15 again if you'd like. 16 BY MS. SCULLION: 17 Q. That's okay. 18 Did you regard the efforts to 19 have the CDC guidelines become mandatory as 20 purely political? 21 MR. LIMBACHER: Object to form. 22 THE WITNESS: I don't recall 23 specifically, no. 24 BY MS. SCULLION:</p>

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<p style="text-align: right;">Page 514</p> <p>1 Q. Did you regard the efforts to 2 broaden the CDC guidelines to include acute pain 3 as a purely political agenda? 4 MR. LIMBACHER: Object to form. 5 THE WITNESS: I don't recall 6 specifically. 7 BY MS. SCULLION: 8 Q. Let me just ask you more 9 generally. 10 Did you regard anything -- any 11 efforts with respect to developing guidelines 12 for the use of opioids in the treatment of 13 chronic, non-cancer pain to be a purely 14 political agenda? 15 MR. LIMBACHER: Object to form. 16 THE WITNESS: I don't recall 17 specifically, no. 18 BY MS. SCULLION: 19 Q. What was the purely political 20 agendas that you were referring to here in your 21 e-mail? 22 A. I don't recall specifically, but 23 I'm congratulating the work of the team on 24 behalf of -- you know, as I said, guidelines</p>	<p style="text-align: right;">Page 516</p> <p>1 identification as Endo-Lortie Deposition 2 Exhibit No. 47.) 3 BY MS. SCULLION: 4 Q. Mr. Lortie, let's put your 5 corporate representative hat back on. 6 And Endo did, in fact, 7 collaborate with other manufacturers of opioids, 8 including defendants in this action, through the 9 PCF in opposing implementation of the CDC 10 guidelines, correct? 11 MR. LIMBACHER: Object to form 12 and object to the extent it falls 13 outside of the scope of the topics on 14 which he's been designated. 15 THE WITNESS: I don't believe 16 that to be the case, no. 17 BY MS. SCULLION: 18 Q. Show you what's been marked as 19 Exhibit 47. 20 And Exhibit 47, for the record, 21 is Bates stamped ENDO-OPIOID_MDL-01563548. 22 Let me direct your attention to 23 the second to last page of Exhibit 47, which has 24 in the middle an e-mail from Wade Delk to Burt</p>
<p style="text-align: right;">Page 515</p> <p>1 that balance the need of all stakeholders. 2 MR. LIMBACHER: I thought we were 3 stopping after this. 4 MS. SCULLION: This is all part 5 of the same. 6 MR. TOLIN: I think, in fairness, 7 when the witness is reading from other 8 parts of the document but your tech guy 9 is just highlighting the parts you're 10 reading, he should also highlight the 11 parts -- 12 MS. SCULLION: I agree with that. 13 The intention is that he should be 14 highlighting whatever the witness is 15 reading. Thank you. 16 MR. TOLIN: Thank you. 17 MR. LIMBACHER: Again, we've now 18 been going for an hour and a half. 19 MS. SCULLION: This is the last 20 document. 21 MR. LIMBACHER: Okay, thank you. 22 MS. SCULLION: This is the last 23 document in this sequence. 24 (Document marked for</p>	<p style="text-align: right;">Page 517</p> <p>1 Rosen, subject matter, Brooks bill. 2 Do you see that? 3 A. And just so I'm clear, this one 4 is not intended to have a marking. 5 Q. Correct, it doesn't an E number 6 at the top, that's right. 7 A. So you want me to look at the 8 third page. 9 Q. Looking at the Wade Delk e-mail 10 to Burt Rosen, subject matter, Brooks bill? 11 A. Yes, okay. 12 Q. Do you see that? 13 A. Yes, on February 12th. 14 Q. 2016? 15 A. Yes. 16 Q. And Mr. Rosen was an employee of 17 Purdue Pharma, correct? 18 A. Well, his e-mail is pharma.com, 19 and I believe that is a Purdue e-mail, so yes. 20 Q. And Mr. Delk, in writing to 21 Mr. Rosen, states "Burt, can you please send 22 this out to the PCF." 23 Do you see that? 24 A. Yes.</p>

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<p>1 Q. And it's with regard to, he says, 2 "This bill is moving fast and we would like to 3 see if others support this approach." 4 Do you see that? 5 A. Yes, that's -- you read that 6 correctly. 7 Q. And the bill that he is referring 8 to, if you go down to his -- the draft he has 9 addressed to the Pain Care Forum members, he is 10 discussing "The below amendment (which passed 11 the Senate Judiciary Committee) would codify 12 essentially the Brooks language (HR 2805) which 13 many of us have been supportive of. That is, we 14 support guidelines as long as they are fair, 15 balanced, constructed in an unbiased way, and 16 done with evidence and data. Importantly, the 17 committee added FDA to the list of advisory 18 groups, and it also added language that the 19 proposed CDC guidelines be considered along with 20 all of the other information/perspectives 21 offered by the entire task force and its 22 participants," correct? 23 MR. LIMBACHER: Object to all of 24 these questions as falling outside the</p>	<p>1 Q. The very first page of Exhibit 2 47, 0156345 -- 3548, rather. 3 A. The top page. 4 Q. Yeah. Do you see at the bottom 5 it begins -- it's an e-mail from Burt Rosen, as 6 you said, at pharma.com, right? 7 A. Yes, that's where it says "begin 8 forwarded message"? 9 Q. Right. 10 A. Yeah. 11 Q. And Mr. Rosen has addressed his 12 e-mail to a quite lengthy list of folks. 13 A. It's the entirety of the second 14 page. 15 Q. Correct. And among the people to 16 whom he's forwarding the e-mail, if you look at 17 the third line down on that second page, it's 18 all the e-mail addresses is Brian Munroe at 19 Endo, correct? 20 A. Give me a moment. 21 Q. Sure. 22 A. There's a lot here. 23 Q. They appear to be in alphabetical 24 order by first name?</p>
<p style="text-align: center;">Page 519</p> <p>1 scope of the topics on which he's been 2 designated. There is no specific 3 reference to the Pain Care Forum in 4 topic 39. It is specifically referenced 5 in both topic 36 and topic 40, so I 6 believe it's outside the scope of the 7 topic on which he has been designated. 8 BY MS. SCULLION: 9 Q. I'm happy to have you answer 10 these questions in your personal capacity 11 because you're on these e-mails. 12 Did I correctly read Mr. Delk's 13 draft communication to the Pain Care Forum 14 members? 15 A. Yes, and do we know who Mr. Delk 16 is? His e-mail is just at Gmail address, so I 17 don't recognize that name. I don't know who he 18 is. 19 Q. I do not know. 20 In any event, if you go then to 21 the -- turning to the next e-mail in Exhibit 47, 22 it actually begins on the very first page of the 23 exhibit. 24 A. First page back in time?</p>	<p style="text-align: center;">Page 521</p> <p>1 A. That's an interesting way. Okay, 2 yes, I see Brian Munroe listed there. 3 Q. And do you see right next to 4 Brian Munroe, Bruce Colligen with an e-mail 5 address at jnj.com? 6 A. Its.jnj.com, yep. 7 Q. Right, and jnj, that would be 8 Janssen and Johnson, right? 9 A. I'm not sure. Did you say 10 Janssen Johnson or Johnson & Johnson. 11 Q. Johnson & Johnson. 12 A. It could be, it's jnj, but I'm 13 not sure. 14 Q. And if you'll go down, look on 15 the left-hand side of this block of e-mails, you 16 see about a quarter of the way down, Derek Naten 17 at Mallinckrodt.com? 18 A. Yes, on the left-hand side, yes, 19 I do see that. 20 Q. All right. And, obviously, 21 that's referring then to Mallinckrodt, correct? 22 A. It's a Mallinckrodt e-mail 23 address. 24 Q. Right. Mallinckrodt is another</p>

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<p>1 defendant in this lawsuit. You understand that, 2 correct?</p> <p>3 A. I'm not familiar with all of the 4 defendants in the lawsuit.</p> <p>5 Q. And right under, if you just go 6 right under Mr. Naten's e-mail, you see 7 Alexander Kraus at Grunenthal.com.</p> <p>8 Do you see that?</p> <p>9 A. Yes, I do.</p> <p>10 Q. And Grunenthal had been Endo's 11 partner in the development of reformulated Opana 12 ER, correct?</p> <p>13 MR. LIMBACHER: Object to form.</p> <p>14 THE WITNESS: That's correct.</p> <p>15 BY MS. SCULLION:</p> <p>16 Q. Okay. Keep going down in that 17 left-hand side of this block, you'll see Dr. J. 18 David Haddox at pharma.com. Do you see that?</p> <p>19 A. How far down am I?</p> <p>20 Q. Not too far down, about five, six 21 lines below, Dr. J David Haddox at pharma.com?</p> <p>22 A. Below Grunenthal.</p> <p>23 Q. Correct?</p> <p>24 A. Yes, I see that.</p>	<p>1 Q. Correct. You see that?</p> <p>2 A. Yes, yes.</p> <p>3 Q. And that lists again an address 4 at its.jnj.com?</p> <p>5 A. Yes, it does.</p> <p>6 Q. And, in fact, the next two -- I'm 7 sorry -- the next e-mail Lauryl Jackson is also 8 for its.jnj.com?</p> <p>9 A. On the next line?</p> <p>10 Q. Right.</p> <p>11 A. Yes, correct.</p> <p>12 Q. If you'll go to the next page of 13 the exhibit, the end of the next page of the 14 exhibit, at the top is the end of the chain of 15 e-mails to which Mr. Rosen has forwarded this 16 communication?</p> <p>17 A. So I'm at the top of the third 18 page now?</p> <p>19 Q. Correct. You see Susan Stone at 20 Allergan.com?</p> <p>21 A. Stone_Susan at Allergan, yes, I see that.</p> <p>22 Q. So that's -- obviously, that's an 23 Allergan e-mail address, correct?</p>
<p>1 Q. And so, again, that's a Purdue 2 Pharma e-mail address, correct?</p> <p>3 A. I believe pharma.com is their 4 e-mail address.</p> <p>5 Q. Okay. If you go to about halfway 6 down on the left-hand side, halfway down this 7 block of e-mails, you also see Julian Malasi at 8 Mallinckrodt.com?</p> <p>9 A. Yes, I see that.</p> <p>10 Q. And staying on that same line on 11 the right-hand side, do you see the e-mail is 12 also addressed to Karen Hill at tevapharm.com?</p> <p>13 A. Same line, yes. Yes, I see that.</p> <p>14 Q. And going down, follow down from 15 Ms. Hill's e-mail, four lines down, do you see 16 Kristin Recchiuti?</p> <p>17 A. I'm sorry to say I lost my place. 18 Can you just reorient me.</p> <p>19 Q. Sure. If you look at Ms. Hill's 20 address, Karen Hill.</p> <p>21 A. Okay, yes.</p> <p>22 Q. And then go about four lines 23 down, you see Kristin Recchiuti?</p> <p>24 A. On the right side.</p>	<p>1 A. It says Susan underscore -- or it 2 has Allergan.com, and that's the only conclusion 3 I'm going to be able to draw.</p> <p>4 Q. Okay. And then Mr. Rosen writes 5 here that the request is from Wade, that would 6 be Wade Delk, and he identifies Wade Delk as 7 being from the American Society for Pain 8 Management Nursing.</p> <p>9 Do you see that?</p> <p>10 MR. LIMBACHER: Object to form.</p> <p>11 THE WITNESS: So I'm still on the 12 top of the third page?</p> <p>13 BY MS. SCULLION:</p> <p>14 Q. Yes.</p> <p>15 A. So this is -- I'm just reminding 16 myself. So this all relates to the forwarded 17 message from Burt Rosen at pharma.com on the 18 first page, right? I'm just making sure.</p> <p>19 Q. That's how I read it, yes. Is 20 that how you read it?</p> <p>21 A. It's just a very long set of 22 addresses.</p> <p>23 Q. It is.</p> <p>24 A. Yes, okay. It appears to be what</p>

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<p>1 it is, yes.</p> <p>2 Q. Okay. And then going to the</p> <p>3 first page of the exhibit, which is Bates</p> <p>4 stamped 01563548?</p> <p>5 A. Before I do, I think you read --</p> <p>6 I just want to make sure we're correct, so you</p> <p>7 talked about the bill -- or sorry -- the subject</p> <p>8 of the e-mail from Burt Rosen to the long number</p> <p>9 of addressees, and then it says "Please see this</p> <p>10 request from Wade at the American Society for</p> <p>11 Pain Management Nursing. Wade is requesting a</p> <p>12 timely reply from your organization." Is that</p> <p>13 the -- that's what you wanted me to see, right?</p> <p>14 Q. Right. I want to see that that's</p> <p>15 identifying -- you asked who Mr. Delk was, and</p> <p>16 it's identifying him as being from the American</p> <p>17 Society For Pain Management Nursing.</p> <p>18 A. Thank you. Yep.</p> <p>19 Q. Do you see that?</p> <p>20 A. Yes.</p> <p>21 Q. And then on the very first page</p> <p>22 of the exhibit, you see that -- so Mr. Munroe</p> <p>23 has forwarded this communication to you, among</p> <p>24 others, at Endo, correct?</p>	<p>1 MR. LIMBACHER: Thank you.</p> <p>2 THE VIDEOGRAPHER: Off the</p> <p>3 record, 4:16.</p> <p>4 (Brief recess.)</p> <p>5 THE VIDEOGRAPHER: We are back on</p> <p>6 the record at 4:33.</p> <p>7 BY MS. SCULLION:</p> <p>8 Q. Mr. Lortie, asking you in your</p> <p>9 capacity as a corporate representative, with</p> <p>10 respect to the effectiveness of Endo's</p> <p>11 anti-diversion procedures, did Endo ever</p> <p>12 determine that any prescriptions of Opana ER</p> <p>13 were medically unnecessary?</p> <p>14 A. Is your question did Endo ever</p> <p>15 determine that any individual prescription was</p> <p>16 medically unnecessary?</p> <p>17 Q. We can start with that.</p> <p>18 A. I'm not aware of whether the</p> <p>19 company did or did not. That's a level of</p> <p>20 detail I'm not familiar with.</p> <p>21 Q. Same question, though, but with</p> <p>22 respect to did Endo -- strike that.</p> <p>23 Did Endo ever determine that any</p> <p>24 prescriptions of Opana ER were medically</p>
<p style="text-align: center;">Page 527</p> <p>1 A. Munroe to me and others, yes.</p> <p>2 Q. And your response at the very top</p> <p>3 of the page, Exhibit 47, was what?</p> <p>4 A. I sent a note to Brian, Deb</p> <p>5 Logan, Neil Shusterman, Matt Maletta, Jen Dubas,</p> <p>6 John Harlow, Timothy Byrne, Keri Mattox and</p> <p>7 Andrew Scott, and I wrote "well done."</p> <p>8 Q. So you're congratulating</p> <p>9 Mr. Munroe on this coordinated effort through</p> <p>10 the Pain Care Forum members to communicate their</p> <p>11 opposition to implementation of the CDC</p> <p>12 guidelines as set forth in the draft</p> <p>13 communication we looked at, the last two pages</p> <p>14 of the exhibit?</p> <p>15 MR. LIMBACHER: Object to form.</p> <p>16 THE WITNESS: Is that a question?</p> <p>17 BY MS. SCULLION:</p> <p>18 Q. Is that what you were</p> <p>19 congratulating him on?</p> <p>20 A. No, I don't believe that's the</p> <p>21 case. I can't draw that conclusion from reading</p> <p>22 what you've presented to me.</p> <p>23 MS. SCULLION: Okay. We can take</p> <p>24 a break.</p>	<p style="text-align: center;">Page 529</p> <p>1 unnecessary at some higher level, not just</p> <p>2 individually, but at a higher level?</p> <p>3 MR. LIMBACHER: Object to form.</p> <p>4 THE WITNESS: Yes, I'm sure that</p> <p>5 there were cases that would fall under</p> <p>6 that heading, yes.</p> <p>7 BY MS. SCULLION:</p> <p>8 Q. Does Endo have records indicating</p> <p>9 findings that certain cases I think as you said</p> <p>10 were determined to be medically unnecessary?</p> <p>11 MR. LIMBACHER: Object to form.</p> <p>12 THE WITNESS: I don't know</p> <p>13 specifically, but I would -- I would</p> <p>14 think that our pharmacovigilance and</p> <p>15 drug safety department would have</p> <p>16 maintained such records.</p> <p>17 BY MS. SCULLION:</p> <p>18 Q. Did you review any such records</p> <p>19 in preparation for today's deposition?</p> <p>20 A. No, not specifically at that</p> <p>21 level of detail, no.</p> <p>22 Q. Okay. As part of Endo's</p> <p>23 anti-diversion efforts, did Endo monitor for</p> <p>24 signals that Opana ER had street value?</p>

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<p>1 MR. LIMBACHER: Object to form. 2 THE WITNESS: I believe that 3 whether it was actively -- as a result 4 of active monitoring or as a result 5 of -- well, let me restate that. 6 As part of the internet 7 surveillance and other surveillance of 8 media and chat rooms and the like that 9 are part of the RiskMAP and subsequently 10 added to by the REMS, that that was part 11 of what the team did, and then those 12 things were reviewed at the -- my 13 understanding is reviewed at the Risk 14 Management Committee level. 15 BY MS. SCULLION: 16 Q. And in terms of the effectiveness 17 of Endo's procedures you just described, did 18 Endo, in fact, see evidence that Opana ER had a 19 street value? 20 MR. LIMBACHER: Object to form 21 and to the extent it falls outside the 22 scope of the topics he's been 23 designated. 24 THE WITNESS: Yeah, my answer was</p>	<p>1 early on had street value? 2 MR. LIMBACHER: Object to form. 3 THE WITNESS: I don't recall that 4 specifically. I didn't sit on that 5 committee, so I, you know, wasn't 6 familiar with that. 7 MS. SCULLION: Can I have E1585, 8 please. 9 (Document marked for 10 identification as Endo-Lortie Deposition 11 Exhibit No. 48.) 12 BY MS. SCULLION: 13 Q. I'm going to hand you what's been 14 marked as Exhibit Number 48. 15 And Exhibit 48 is Bates stamped 16 ENDO-OPIOID_MDL-00774063, and we've marked it 17 E1585 in the top right-hand corner. 18 Mr. Munroe, I'd like to direct 19 your attention to page E1585.3. 20 A. I think you mean Mr. Lortie but 21 -- 22 Q. I am so sorry. 23 A. He's the other Brian. 24 Q. Thank you, Mr. Lortie. I direct</p>
<p>1 regarding the question of did Endo 2 monitor for that. 3 BY MS. SCULLION: 4 Q. Yes. 5 A. And the answer was yes. Beyond 6 that, I don't know. 7 Q. That's what I'm asking. In terms 8 of understanding the effectiveness of its 9 monitoring, do you know whether those -- that 10 monitoring was, in fact, effective to pick up 11 signals that Opana ER had street value? 12 MR. LIMBACHER: Same objections. 13 THE WITNESS: I don't know. I 14 mean, the monitoring was done. I'm not 15 sure how you quantify effectiveness of 16 monitoring. By virtue of monitoring, 17 you see things that are posted, and 18 that's reviewed by the Risk Management 19 Committee, but I don't know beyond that 20 how to quantify the effectiveness in 21 that context. 22 BY MS. SCULLION: 23 Q. Do you understand, though, that 24 Endo did, in fact, see evidence that Opana ER</p>	<p>1 your attention to page E1585.3. You see at the 2 bottom, there's an e-mail from John Bullock to 3 Sherri Ferstler. And the content of that e-mail 4 starts at the bottom of 1585.3 and continues all 5 the way through 1585.5. I just want to orient 6 you to the document. 7 MR. LIMBACHER: Are we asking him 8 now in his capacity as a fact witness? 9 MS. SCULLION: Sure. 10 THE WITNESS: Okay. So I see 11 that e-mail that starts on the bottom of 12 1585.3. Would you like me to read that? 13 BY MS. SCULLION: 14 Q. Sure. You can go ahead and read 15 through that. 16 A. Okay. Thank you. Give me a 17 moment to do that. 18 (Witness reviews document.) 19 Okay. I've read that e-mail. Thank you. 20 Q. Okay. And do you see the e-mail 21 is forwarding on an article from the Paducah Sun 22 dated December 10th, 2007 concerning an overdose 23 death being investigated by the Marshall 24 sheriff's office?</p>

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<p>1 A. Yes, December 10th is on the next 2 page. 3 Q. Right. 4 A. It evidently refers to it in the 5 e-mail as December 11th, but, yes, it appears to 6 be following -- sorry -- forwarding along that 7 newspaper article. 8 Q. And if you go down on page 1585.4 9 within the body of the article, go towards the 10 last quarter of that page where it begins the 11 words Miranda Minter-Banister. 12 Do you see that? 13 A. Yes, I do. 14 Q. Do you see this is conveying that 15 Miranda Minter-Banister, age 27, of Benton, 16 Kentucky died at her home and it was after using 17 an Opana pill purchased, says Minter-Banister 18 bought a second Opana pill for \$30 from 19 Spiceland that Minter-Banister and her husband 20 later inhaled. 21 Do you see that? 22 MR. LIMBACHER: Object to form. 23 THE WITNESS: I mean, you've 24 picked a couple of lines out of that --</p>	<p>1 Q. Yeah. 2 A. It has the words stop sign in 3 quotation marks. 4 Q. Right. So by this time Opana -- 5 at least by this time, Opana is not only being 6 sold but, in fact, has a street name; that's 7 what the article is conveying, right? 8 MR. LIMBACHER: Object to form. 9 THE WITNESS: It is -- it is 10 suggesting that for some reason the 11 author is reporting that it goes by the 12 street name stop sign. That's what it 13 says. 14 BY MS. SCULLION: 15 Q. And you saw other similar media 16 reports during your time at Endo, correct, 17 conveying that Opana ER was being bought and 18 sold on the street, had street value, had a 19 street name, was resulting in overdose deaths, 20 correct? 21 MR. LIMBACHER: Object to form 22 and foundation. 23 THE WITNESS: I don't recall 24 that. That was certainly not a regular</p>
<p style="text-align: center;">Page 535</p> <p>1 out of that paragraph, but I see where 2 you're reading that, yes. 3 BY MS. SCULLION: 4 Q. So this is referring to a 5 purchase of Opana other than through a 6 prescription, correct? 7 A. It could be. I mean, I'm reading 8 it at the same time you are. 9 Q. Right. It's referring to someone 10 buying an Opana pill from another person, a 11 neighbor or a friend, correct? 12 MR. LIMBACHER: Object to form. 13 THE WITNESS: It appears that 14 that could be the case. 15 BY MS. SCULLION: 16 Q. Okay. And then if you go right 17 above that paragraph, you see the paragraph that 18 says Opana is similar to the painkiller 19 OxyContin and it goes by the street name. 20 And what's the street name 21 indicated here for Opana? 22 A. You're asking me that? 23 Q. Yeah. 24 A. You'd like me to read that?</p>	<p style="text-align: center;">Page 537</p> <p>1 part of my responsibilities. 2 BY MS. SCULLION: 3 Q. You don't recall ever seeing any 4 media reports about Opana ER contributing to the 5 opioid epidemic? 6 A. From time to time I'm sure things 7 were forwarded along, as this one appears to 8 have been. This one actually predates me by 9 some time, but I don't recall any specific ones, 10 and it was not a routine part of my job 11 responsibilities to review media reports. 12 Q. And you recall, though, that you 13 were employed by Endo in 2011, correct? 14 A. Yes. 15 Q. And where was your office? 16 A. In 2011 where was my office? It 17 was in -- 18 Q. What town? 19 A. Chaddsford. 20 Q. Pennsylvania? 21 A. Yes. 22 Q. That's just outside of 23 Philadelphia? 24 A. It's 15 or 20 miles outside of</p>

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<p>1 Philadelphia.</p> <p>2 Q. And do you recall in 2011 that</p> <p>3 the Philadelphia office of the DEA specifically</p> <p>4 issued an alert with respect to Opana's -- Opana</p> <p>5 ER's street use and its contribution to the</p> <p>6 opioid epidemic?</p> <p>7 MR. LIMBACHER: Object to form.</p> <p>8 THE WITNESS: Do I recall that?</p> <p>9 BY MS. SCULLION:</p> <p>10 Q. Yes.</p> <p>11 A. I do not recall that.</p> <p>12 MS. SCULLION: Can I have E563,</p> <p>13 please.</p> <p>14 (Document marked for</p> <p>15 identification as Endo-Lortie Deposition</p> <p>16 Exhibit No. 49.)</p> <p>17 BY MS. SCULLION:</p> <p>18 Q. I hand you what's been marked as</p> <p>19 Exhibit Number 49.</p> <p>20 And Exhibit 49 is Bates stamped</p> <p>21 ENDO-OR-CID-00694084. And, Mr. Lortie, it bears</p> <p>22 number E563 at the top right-hand corner,</p> <p>23 correct?</p> <p>24 A. Yes, I have that document.</p>	<p>1 says, "Summary, the Philadelphia Division</p> <p>2 Intelligence Program received information on a</p> <p>3 possible emerging trend in the region;</p> <p>4 Oxymorphone (brand name Opana) has been reported</p> <p>5 by several sources of information as the 'big</p> <p>6 thing right now' in pharmaceutical drug abuse in</p> <p>7 the region."</p> <p>8 Q. And Endo was aware in at least</p> <p>9 May 2011 that, in fact, Opana ER was being</p> <p>10 reported as the big thing right now in</p> <p>11 pharmaceutical drug abuse, at least in the</p> <p>12 Philadelphia region; is that correct?</p> <p>13 MR. LIMBACHER: Object to form</p> <p>14 and foundation.</p> <p>15 THE WITNESS: So I have not seen</p> <p>16 this before. At least I don't recall</p> <p>17 seeing it before, so I can't attest to</p> <p>18 whether or not the company saw this.</p> <p>19 I can say that I don't recognize</p> <p>20 seeing it.</p> <p>21 BY MS. SCULLION:</p> <p>22 Q. You don't recall ever, as someone</p> <p>23 with commercial responsibility for Opana ER in</p> <p>24 May of 2011, ever being told that the</p>
<p style="text-align: center;">Page 539</p> <p>1 Q. Okay. In 2011 did you have any</p> <p>2 responsibilities as part of your product</p> <p>3 portfolio for Opana ER?</p> <p>4 A. I had commercial</p> <p>5 responsibilities, yes, I think we've already</p> <p>6 established that.</p> <p>7 Q. If you go to page E563.2, do you</p> <p>8 see this is a Drug Intelligence Brief from the</p> <p>9 Philadelphia Division Intelligence Program for</p> <p>10 Drug Enforcement Administration?</p> <p>11 A. That's how it's titled, yes. I</p> <p>12 see that on the top of the document.</p> <p>13 Q. And what is the title of this</p> <p>14 Drug Intelligence Brief itself?</p> <p>15 A. Underneath the header that says</p> <p>16 "Drug Intelligence Brief," it says "Opana</p> <p>17 (Oxymorphone) Abuse."</p> <p>18 Q. And can you read the summary of</p> <p>19 this Drug Intelligence Brief, please.</p> <p>20 A. You'd like me to read what the</p> <p>21 summary statement is?</p> <p>22 Q. Yeah, what the DEA has stated in</p> <p>23 its summary here?</p> <p>24 A. So underneath the headline it</p>	<p style="text-align: center;">Page 541</p> <p>1 Philadelphia Division Intelligence Program, the</p> <p>2 DEA was issuing a brief indicating that the</p> <p>3 product you had commercial responsibility for</p> <p>4 was the big thing right now in pharmaceutical</p> <p>5 drug abuse in the region?</p> <p>6 MR. LIMBACHER: Object to form.</p> <p>7 BY MS. SCULLION:</p> <p>8 Q. It never came to your attention?</p> <p>9 A. I don't recall seeing this, no.</p> <p>10 Q. Okay. And among other things,</p> <p>11 this Drug Intelligence Brief confirms, if you</p> <p>12 look in the details section below the summary --</p> <p>13 A. Still on the same page, .2?</p> <p>14 Q. Correct.</p> <p>15 You see the details section</p> <p>16 confirms that not only is Opana being reported</p> <p>17 as of May 2011 as the big thing right now in</p> <p>18 pharmaceutical drug abuse, but that "in the</p> <p>19 early 1970s, oxymorphone in the form of</p> <p>20 Numorphan instant-release tablets was one of the</p> <p>21 most sought-after and well-regarded opioids of</p> <p>22 the class IV community."</p> <p>23 Do you see that?</p> <p>24 A. Yes, I see the sentence that you</p>

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<p>1 just read.</p> <p>2 Q. And then it goes -- and it goes</p> <p>3 on to explain that oxymorphone in the form of</p> <p>4 Numorphan instant-release tablets, in fact, had</p> <p>5 a street name popularly known as "blues" for</p> <p>6 their blue coloring.</p> <p>7 Do you see that?</p> <p>8 MR. LIMBACHER: Object to form.</p> <p>9 THE WITNESS: I see the line you</p> <p>10 just read, it's a part of the next</p> <p>11 sentence.</p> <p>12 BY MS. SCULLION:</p> <p>13 Q. Okay. So, again, so the DEA is</p> <p>14 not only confirming that as of May 2011 Opana ER</p> <p>15 is being abused as a street drug, but, in fact,</p> <p>16 oxymorphone had a history of such abuse,</p> <p>17 correct?</p> <p>18 MR. LIMBACHER: Object to form.</p> <p>19 THE WITNESS: You read the</p> <p>20 summary, you read the details, so I</p> <p>21 think the text explains apparently what</p> <p>22 the DEA was reporting.</p> <p>23 BY MS. SCULLION:</p> <p>24 Q. And you don't have any reason to</p>	<p>1 MR. LIMBACHER: -- or what it was</p> <p>2 part of?</p> <p>3 MS. SCULLION: I do not.</p> <p>4 BY MS. SCULLION:</p> <p>5 Q. You said that in connection with</p> <p>6 your preparation for the deposition, you did</p> <p>7 review some of the RiskMAP updates that Endo</p> <p>8 submitted for Opana ER to the FDA, right?</p> <p>9 A. Yes.</p> <p>10 Q. And do you recall that those</p> <p>11 RiskMAP updates did include discussions of cases</p> <p>12 of apparent abuse of Opana ER from time to time?</p> <p>13 A. Generally, from time to time,</p> <p>14 yes. Again, I didn't review every single one,</p> <p>15 but just to refresh my recollection or to</p> <p>16 understand that these were regular part of the</p> <p>17 risk management team's activities.</p> <p>18 Q. And those reports also showed</p> <p>19 from time to time overdoses from Opana ER,</p> <p>20 correct?</p> <p>21 MR. LIMBACHER: Object to form.</p> <p>22 THE WITNESS: I would put those</p> <p>23 under the same heading as adverse</p> <p>24 events.</p>
<p style="text-align: center;">Page 543</p> <p>1 dispute what the DEA, the federal agency charged</p> <p>2 with enforcement of laws concerning Opana ER and</p> <p>3 other narcotics, you don't dispute their</p> <p>4 assessment of Opana ER's street use, do you?</p> <p>5 MR. LIMBACHER: Object to form.</p> <p>6 THE WITNESS: Providing this is</p> <p>7 truly a DEA brief, no, I don't have any</p> <p>8 grounds to dispute DEA actions.</p> <p>9 BY MS. SCULLION:</p> <p>10 Q. Okay.</p> <p>11 MR. LIMBACHER: Counsel, Exhibit</p> <p>12 49 has on the first page "Attachment</p> <p>13 16." Was this part of a larger</p> <p>14 document?</p> <p>15 MS. SCULLION: I will tell you it</p> <p>16 was produced to us this way, so I do not</p> <p>17 know.</p> <p>18 MR. LIMBACHER: Would it be with</p> <p>19 other attachments?</p> <p>20 MS. SCULLION: I do not know,</p> <p>21 sitting here.</p> <p>22 MR. LIMBACHER: So you don't know</p> <p>23 to what it was attached to --</p> <p>24 MS. SCULLION: Or not attached.</p>	<p style="text-align: center;">Page 545</p> <p>1 BY MS. SCULLION:</p> <p>2 Q. So deaths from Opana ER?</p> <p>3 MR. LIMBACHER: Object to form.</p> <p>4 THE WITNESS: I do think that the</p> <p>5 one I reviewed that I did see that, but,</p> <p>6 again, I don't recall the details. I</p> <p>7 wasn't reviewing it at that level of</p> <p>8 detail.</p> <p>9 BY MS. SCULLION:</p> <p>10 Q. And showed reference to street</p> <p>11 use of Opana ER, correct?</p> <p>12 MR. LIMBACHER: Object to form.</p> <p>13 THE WITNESS: If there's a</p> <p>14 specific report that you'd like me to</p> <p>15 look at, I could probably give you more</p> <p>16 information.</p> <p>17 BY MS. SCULLION:</p> <p>18 Q. Do you recall those same</p> <p>19 indications that Opana ER was being abused,</p> <p>20 including by people buying and selling Opana ER?</p> <p>21 MR. LIMBACHER: Object to form.</p> <p>22 THE WITNESS: I know in the</p> <p>23 records that I reviewed, I don't</p> <p>24 specifically recall that, but, again, as</p>

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<p>1 I said, I'd be happy to review a 2 specific one, if you'd like, if that 3 would be helpful. 4 MS. SCULLION: Let's see if we 5 can. Can we have the Q1 2008 RiskMAP 6 update. 7 (Document marked for 8 identification as Endo-Lortie Deposition 9 Exhibit No. 50.) 10 BY MS. SCULLION: 11 Q. Let me hand you what's been 12 marked as Exhibit 50. 13 And Exhibit 50 is Bates stamped 14 ENDO-CHI_LIT-00032209. And, Mr. Lortie, this 15 does not bear an E number. 16 A. Okay, thank you. 17 Q. This is the RiskMAP update report 18 for Opana ER dated May 22nd, 2008 covering the 19 period January 1st, 2008 to March 31, 2008, 20 correct? 21 A. Yes, that's the date that's on 22 the title page. 23 Q. And if you'll turn to page 20 of 24 the update report, the page numbers are in the</p>	<p>1 Q. That's what Endo told the FDA in 2 this report, correct? 3 MR. LIMBACHER: Object to form. 4 THE WITNESS: Yes, that's what's 5 written in the report. 6 BY MS. SCULLION: 7 Q. And then Endo further told the 8 FDA, "In all 7 reports, Opana ER was misused by 9 crushing and snorting the tablets," correct? 10 A. Yes, that's what it says. 11 Q. And then if you'll go down to the 12 sentence that begins, "another report." 13 A. Yes. 14 Q. You see that? 15 A. On the fourth line. 16 Q. And this is indicating -- sorry, 17 strike that. 18 In this sentence Endo has told 19 the FDA that "Another report (OPER20080023) 20 involved a 45-year-old man who was a known drug 21 abuser being treated for drug addiction, was 22 purchasing Opana ER 40 mg tablets with a 23 twenty-dollar co-pay and was also buying the 24 product on the streets."</p>
<p style="text-align: center;">Page 547</p> <p>1 upper right-hand corner. 2 A. Yes, got it. 3 Q. And if you'll go to the section 4 "6. Post Marketing Surveillance," section "6.1 5 Periodic Reports," going down to the subheading 6 "Drug Abuse/Intentional Drug misuse." 7 Are you with me? 8 A. Yeah, I'm just going to kind of 9 orient myself here. 10 Q. Yep. 11 A. (Witness reviews document.) 12 Okay. And you'd like me to look 13 at the subsection? 14 Q. The subsection "Drug 15 Abuse/Intentional Drug Misuse." 16 A. Okay. 17 Q. Are you there? 18 A. Yes, I'm focused on that. 19 Q. Okay. And in this update report, 20 Endo has reported to the FDA "There were 7 21 reports related to drug abuse and misuse of 22 Opana ER," correct? 23 A. That's what the sentence says, 24 yes.</p>	<p style="text-align: center;">Page 549</p> <p>1 Do you see that? 2 A. Yes, I do. 3 Q. So, I mean, Endo is telling the 4 FDA that it has reports as of at least May 22nd, 5 2008 of Opana ER being purchased on the street, 6 correct? 7 MR. LIMBACHER: Object to form. 8 THE WITNESS: That apparently is 9 what's in the report, yes. 10 BY MS. SCULLION: 11 Q. So Endo knew at that point, at 12 least, if not earlier, that Opana ER had street 13 value, correct? 14 MR. LIMBACHER: Object to form. 15 THE WITNESS: Well, it's 16 acknowledging and reporting to the FDA 17 that in this case that product was 18 purchased on the street. 19 BY MS. SCULLION: 20 Q. Which meant it had street value, 21 right? 22 MR. LIMBACHER: Object to form. 23 THE WITNESS: I'm not sure what 24 street value means. It doesn't quantify</p>

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<p style="text-align: center;">Page 550</p> <p>1 it, but it was purchased, so I imagine 2 there was an exchange of value of some 3 sort. 4 BY MS. SCULLION: 5 Q. I mean, as your -- in your time 6 with commercial responsibility for Opana ER, did 7 you have any training on the concept of Opana ER 8 or other opioid products being bought and sold 9 on the street and having street value? Is that 10 something you had training on? 11 MR. LIMBACHER: Object to form. 12 THE WITNESS: I don't understand 13 what training would be with regards to 14 street value. 15 BY MS. SCULLION: 16 Q. Were you given training on the 17 ways in which narcotics like Opana ER could be 18 diverted? 19 MR. LIMBACHER: Object to form. 20 THE WITNESS: That's a very 21 different question. 22 BY MS. SCULLION: 23 Q. I'm asking a different question. 24 Were you given training on that issue?</p>	<p style="text-align: center;">Page 552</p> <p>1 scope of the topics on which he's been 2 designated. 3 THE WITNESS: I don't know. 4 BY MS. SCULLION: 5 Q. Did -- in response to all the 6 evidence of abuse and diversion of Opana ER over 7 a number of years in which the RiskMAP updates 8 were submitted to the FDA, did Endo ever change 9 its policies or procedures with respect to 10 combating diversion of Opana ER in response to 11 that evidence? 12 MR. LIMBACHER: Same objections. 13 THE WITNESS: As we've testified 14 before, the RiskMAP formed the basis in 15 2007 of a broad array of activities 16 undertaken by the company. The RiskMAP 17 report that you just focused me on from 18 2008, reports like that were done 19 periodically as part of that. The 20 RiskMAP was enhanced in 2012 with the 21 industry-wide REMS, so I would say that 22 constituted a change or an evolution of 23 the policies and procedures. 24 There was a further evolution as</p>
<p style="text-align: center;">Page 551</p> <p>1 A. All employees, as part of the 2 code of conduct, especially those with 3 involvement in our controlled substances had to 4 undergo periodic training, certify their 5 compliance with that, and within that context, 6 generally, I would say that all employees were 7 aware of the potential for diverse and abuse -- 8 or abuse and diversion of the opioid product. 9 So at that level, everyone was aware because it 10 was part of the responsibility to watch out for 11 that, and it's the underpinning of the RiskMAP 12 and the REMS and all of the other documents. 13 Beyond that, I don't recall any 14 specific training on street value or any of the 15 like at that level, I don't. 16 Q. Putting your 30(b)(6) hat, your 17 corporate representative hat back on, seeing all 18 the reports of abuse, misuse, diversion of Opana 19 ER over the years that were reported to the FDA 20 in the RiskMAP updates, did Endo ever tell the 21 FDA that its RiskMAP was ineffective to combat 22 diversion or abuse? 23 MR. LIMBACHER: Object to the 24 form and object as falling outside the</p>	<p style="text-align: center;">Page 553</p> <p>1 a result of discussions with the New 2 York Attorney General later, several 3 years later. 4 So I would say that, yes, Endo's 5 policies and procedures did evolve over 6 time, but they were always grounded in 7 the same principles that were put 8 forward back in 2007 in the very 9 comprehensive RiskMAP. 10 BY MS. SCULLION: 11 Q. So the question is, though, 12 during the period when Endo had its RiskMAP in 13 place, did Endo ever change its anti-diversion 14 procedures in response to the growing evidence 15 that Opana ER was being abused? 16 MR. LIMBACHER: Same objections, 17 asked and answered. 18 THE WITNESS: Same answer. I 19 mean, I can repeat the answer, if you 20 would like. 21 BY MS. SCULLION: 22 Q. Well, the answer, as I 23 understood, was that the change occurred, in 24 your view, when REMS was implemented.</p>

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<p>1 Before REMS, if I'm wrong, you'll 2 tell me no, before REMS, did Endo change any of 3 its anti-diversion procedures in response to the 4 evidence of Opana ER abuse?</p> <p>5 MR. LIMBACHER: Same objections, 6 and I think you misstated his testimony.</p> <p>7 BY MS. SCULLION:</p> <p>8 Q. Please let me know if I did.</p> <p>9 A. You did. So I'll explain again.</p> <p>10 The principles as put forth in 11 the 2007 REMS were the underpinning of all of 12 the activities.</p> <p>13 Q. Did you mean RiskMAP?</p> <p>14 A. What did I say?</p> <p>15 Q. REMS.</p> <p>16 A. Strike that, please, or I'll 17 repeat that. Thank you.</p> <p>18 In the 2007 RiskMAP the 19 principles that were put forward there were the 20 -- formed the foundation of the broad array of 21 activities that continue today. So the RiskMAP 22 was not replaced by the REMS, it was supplanted 23 by or it was supplemented by the REMS.</p> <p>24 As I said, also, as a result of</p>	<p>1 broad understanding that opioids had the 2 potential of being abused and diverted.</p> <p>3 BY MS. SCULLION:</p> <p>4 Q. But can you identify any 5 particular change Endo made to its 6 anti-diversion procedures in response to growing 7 evidence of Opana ER abuse, any specific, 8 concrete changes that Endo made?</p> <p>9 MR. LIMBACHER: Same objections.</p> <p>10 THE WITNESS: As I said before, 11 the REMS, industry-wide REMS was part of 12 the evolution of the program. The 13 changes put forward as a result of 14 discussions with the New York Attorney 15 General, the ADD program had several 16 enhancements to it.</p> <p>17 I would say that one of the 18 changes Endo made in response to 19 knowledge of the growing threat was to 20 formulate a product that was designed to 21 mitigate at least one of the forms of 22 abuse of the product. So, yes, Endo 23 undertook several steps to try and 24 mitigate that problem.</p>
<p style="text-align: center;">Page 555</p> <p>1 discussions with the New York Attorney General 2 several years later, there was some further 3 evolutions of policies and procedures, but I 4 can't attest that those are in response to any 5 specific trigger or any specific event. They 6 were in response to ongoing focus by a broad 7 array of cross-functional experts within the 8 company to make sure that the company was doing 9 everything within its power to mitigate abuse 10 and diversion. Again, those are the principles 11 as put forward in the 2007 RiskMAP.</p> <p>12 Q. Well, in response to the evidence 13 of abuse of Opana ER, did Endo ever, for 14 example, say, well, we want to go beyond just 15 monitoring and we want to go out and actively 16 look for pill mills and ensure that our product 17 is not being supplied to pill mills?</p> <p>18 MR. LIMBACHER: Same objections.</p> <p>19 THE WITNESS: Endo certainly had 20 safeguards in place to mitigate the 21 chance that its products were being 22 diverted to, as you say, pill mills.</p> <p>23 Whether that was in response to any one 24 specific trigger, it was in response to</p>	<p style="text-align: center;">Page 557</p> <p>1 BY MS. SCULLION:</p> <p>2 Q. But the FDA didn't agree that, in 3 fact, the reformulated version of Opana ER was 4 any more effective at combating abuse, correct?</p> <p>5 MR. LIMBACHER: Object to form.</p> <p>6 BY MS. SCULLION:</p> <p>7 Q. The FDA never accepted any data 8 that Endo put forward on that point?</p> <p>9 MR. LIMBACHER: Object to form.</p> <p>10 THE WITNESS: Oh, FDA accepted 11 all the date we submitted.</p> <p>12 BY MS. SCULLION:</p> <p>13 Q. It didn't accept the conclusion 14 that reformulated Opana ER was, in fact, abuse 15 deterrent, right; they never made that finding?</p> <p>16 MR. LIMBACHER: Object to form.</p> <p>17 THE WITNESS: Correct. At the 18 end of the submission and the 19 evaluation, the FDA ultimately did not 20 agree, but they accepted everything we 21 submitted.</p> <p>22 BY MS. SCULLION:</p> <p>23 Q. Now, you just referenced REMS --</p> <p>24 A. Yes.</p>

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<p>1 Q. -- as being enhancement I think 2 is how you described it to Endo's 3 anti-diversion, anti-abuse efforts; is that 4 right?</p> <p>5 A. I would say an enhancement. I 6 think I also used the word supplemental. So, in 7 other words, the point I was -- the distinction 8 I was trying to make is that it did not replace. 9 RiskMAP stays -- I assume the RiskMAP is still 10 in place today, but the REMS, the industry-wide 11 REMS was additive in terms of steps taken, 12 again, in the -- in the pursuit of activities to 13 mitigate abuse and diversion.</p> <p>14 MS. SCULLION: Can I have E1610, 15 please.</p> <p>16 (Document marked for 17 identification as Endo-Lortie Deposition 18 Exhibit No. 51.)</p> <p>19 BY MS. SCULLION:</p> <p>20 Q. Mr. Lortie, but it's, in fact, 21 the case that the industry-wide working group 22 opposed applying REMS to focus on abuse, 23 deliberate abuse, correct?</p> <p>24 MR. LIMBACHER: Object to form</p>	<p>1 attached concept paper and the attached list of 2 questions for the FDA." 3 Do you see that?</p> <p>4 MR. LIMBACHER: Object to the 5 form and foundation and to the extent it 6 falls outside the scope of the topics on 7 which he's been designated.</p> <p>8 THE WITNESS: You read the 9 sentence accurately.</p> <p>10 BY MS. SCULLION:</p> <p>11 Q. And Endo was part of this group 12 of sponsors and others with interest in the 13 issues that were supporting the concept paper 14 that Ms. Buc is forwarding on to Dr. Rappaport, 15 correct?</p> <p>16 MR. LIMBACHER: Same objections.</p> <p>17 THE WITNESS: I do not know.</p> <p>18 BY MS. SCULLION:</p> <p>19 Q. Okay. If you'll go to the 20 concepts themselves in the concept paper, page 21 E1610.2.</p> <p>22 A. If it's okay, I'll read through 23 the paper.</p> <p>24 Q. No, I actually want to just refer</p>
<p style="text-align: center;">Page 559</p> <p>1 and foundation and to the extent it 2 falls outside the scope of the topics on 3 which he's been designated.</p> <p>4 THE WITNESS: I don't know that 5 to be correct, no.</p> <p>6 BY MS. SCULLION:</p> <p>7 Q. Okay. Going to hand you what's 8 been marked as Exhibit 51.</p> <p>9 And Exhibit 51 is Bates stamped 10 ENDO-OPIOID_MDL-01485661, and we've stamped it 11 E1610.</p> <p>12 Mr. Lortie, you'll see that 13 E16 -- sorry -- Exhibit 51 is a letter from 14 Nancy Buc at Buc & Beardsley in Washington, D.C. 15 to Dr. Bob Rappaport at the CDER.</p> <p>16 Do you see that?</p> <p>17 A. Yes, I see that as the cover 18 letter, yes.</p> <p>19 Q. And Ms. Buc refers in her first 20 paragraph of her cover letter to "In preparation 21 for the March 3 meeting on extended release 22 opioid analgesics, a number of sponsors invited 23 to the meeting and others with an interest in 24 the issues to be discussed have prepared the</p>	<p style="text-align: center;">Page 561</p> <p>1 you to the concepts. I'm not looking at the 2 entirety of the paper, just there's certain 3 concepts. If you'll look to concept number 3.</p> <p>4 A. Sorry. If it's okay, I'll look 5 through the document.</p> <p>6 MR. LIMBACHER: Yeah, take your 7 time and review the document.</p> <p>8 MS. SCULLION: Well, I'm not 9 going to have our time taken up with 10 reading through the document on the 11 record. We can take a break and read it 12 off the record and come back on, if 13 that's okay, happy to do that.</p> <p>14 MR. LIMBACHER: He has been 15 reading the documents you've been 16 putting in front of him on the record 17 for the last two days.</p> <p>18 MS. SCULLION: Right.</p> <p>19 MR. LIMBACHER: And I think he 20 does it in a reasonably expeditious 21 manner, so if you just give him a minute 22 or two, I'm sure he can answer whatever 23 questions you have, but I don't think 24 it's fair or appropriate for you to ask</p>

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Page 562 <p>1 him questions about a document and not 2 give him the opportunity to at least 3 look through it. 4 MS. SCULLION: I'm happy to have 5 him look through it, as long as it 6 doesn't come out of our time. 7 THE WITNESS: I've never seen the 8 document. It predates me. I'd like to 9 look it so I can understand the context. 10 It's three pages. We've used up more 11 time than I think I'm going to use to 12 look at it. 13 (Witness reviews document.) I've 14 taken at least an overview of it. Thank 15 you. 16 BY MS. SCULLION: 17 18 19 20 21 22 23 24</p>	Page 564 <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>
Page 563 <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 Q. The document was produced to us 19 from Endo's production; you understand that? 20 A. I don't know the technicalities 21 of the production, so I do not understand that. 22 Q. Put that aside. 23 24</p>	Page 565 <p>1 Q. Let's go back then to your 2 personal capacity. 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>

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1 study number M508-202?
2 A. Yeah, I see that identifier, yes.10
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24 BY MS. SCULLION:

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910 MS. SCULLION: Can we have E281,
11 please.12 (Document marked for
13 identification as Endo-Lortie Deposition
14 Exhibit No. 52.)

15 BY MS. SCULLION:

16 Q. Hand you what's been marked as
17 Exhibit Number 52.
18 Exhibit 52, which is Bates
19 stamped ENDO-CHI_LIT-00150080 and is stamped
20 hopefully hopefully in the upper right-hand
21 corner E281.22 Mr. Lortie, you see Exhibit 52 is
23 identified in the upper left-hand corner, first
24 page Opana ER W2 IVR vocal response listing for

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1 Q. Have you seen from time to time
2 reports of verbatim responses from physicians
3 with respect to Endo products; did you see
4 those?5 A. I don't recall seeing those at
6 Endo, no. It could be. I was there for seven
7 or eight years, and I had responsibility for
8 many products, but I don't -- this I have not
9 seen for sure, and I really don't know what it's
10 representing.11 Q. Okay. If you'll go to page
12 E281.9.13 MR. LIMBACHER: Same objections
14 to the extent you're going to be
15 questioning him about what's been marked
16 as Exhibit 52.

17 BY MS. SCULLION:

18 Q. No, I apologize. Let's go to
19 page E281.24.

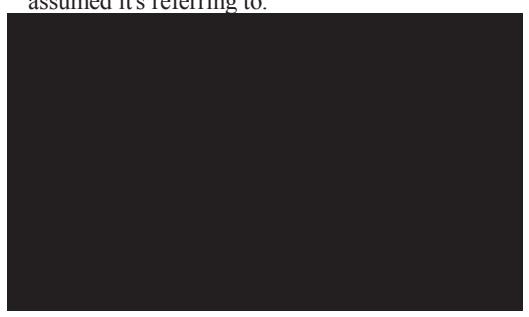
20 A. 281?

21 Q. 281.24, yes.

22 A. Okay, I have that page.

23 Q. And the bottom half of the page,
24 there's a report with respect to what's labeled

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<p>Page 570</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p> 	<p>Page 572</p> <p>1 correct? 2 A. All I can attest to is that the 3 date that they have on the call date is 4 11/14/2007, as you pointed out. 5 Q. And then you go to the next page 6 E281.25, and we'll see for sequence number 7 115-11-0994. 8 Do you see that sequence number? 9 A. The lowest one on the list, yes, 10 I do. 11 Q. And for the specialty it's 12 indicated again primary care physician, correct? 13 A. The header is not represented on 14 the page, but if it follows the previous one, I 15 think I see PCP in that column.</p>  <p>21 THE WITNESS: Yes, that's what's 22 written in that column. 23 BY MS. SCULLION: 24 Q. And if you go to page E281.94.</p>
<p>Page 571</p> <p>1 2 3 MR. LIMBACHER: Object to form. 4 THE WITNESS: Yes, you read that, 5 that's what's represented here on the 6 page. 7 BY MS. SCULLION: 8 Q. Okay. And that's dated as of 9 11/14/2007, correct? 10 A. That's the -- 11 Q. For the call date? 12 A. That's the date on that line, 13 yes. 14 Q. For the call date, right? 15 A. It appears to be, that's yes. 16 Q. And Endo referred to in-person 17 detailing on healthcare providers as calls, 18 right? 19 A. Yeah, I would think a call would 20 be a detail. 21 Q. So one could understand that a 22 call date referred to the date on which that 23 physician was -- that prescriber -- provider 24 rather, sorry -- that provider was detailed,</p> 	<p>Page 573</p> <p>1 A. 94? 2 Q. Correct. 3 And here on this page, if we go 4 to sequence number, again, bottom approximately 5 third of the page, sequence number 115-11-0994. 6 A. 994? 7 Q. Yes, are you there? 8 A. Yes, I am. 9 Q. And, again, specialty here is 10 primary care physician, correct? 11 A. PCP is what's listed. 12 Q. That's primary care physician 13 again, correct? 14 A. Well, I think that's what we've 15 assumed it's referring to.</p> 

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7 MR. LIMBACHER: Same objections
8 to all of these questions with regard to
9 Exhibit 52.

10 THE WITNESS: You read the
11 sentence accurately.

12 BY MS. SCULLION:

13 Q. Okay. And then if you go to page
14 E281.96, drawing your attention again to the
15 bottom third of the page, just to the column
16 headers, again see sequence, next column
17 specialty, correct?

18 A. In the bottom section here?

19 Q. Yes.

20 A. On 96, correct?

21 Q. Correct.

22 A. Still on the right page, yes.

23 Q. You see sequence, next column to
24 the right is specialty again, correct?

Page 575

1 A. Correct.
2 Q. Next column is "Of all the topics
3 discussed by the sales representative during the
4 presentation, what one topic, from your
5 perspective, was the most important to you?"

6 Did I read that correctly?

7 A. You did.

8 Q. And if you go to the next page,
9 E281.97, go to sequence Number 115-0 -- sorry,
10 115-10-7624, do you see the specialty listed
11 here now is pain management?

12 A. Yes, that's the second from the
13 bottom.

14 Q. Yep.

15 A. I do.

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24 MR. LIMBACHER: Same objections.

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1 THE WITNESS: Yes, you read that
2 accurately. That's what's on the page.
3 BY MS. SCULLION:

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Q. Well, let's look -- are you
familiar with Endo -- Endo coaching or Endo sale
coaching reports?

A. Endo sale coaching reports?

Q. Yes.

A. That doesn't ring a bell.

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8 MS. SCULLION: Can I have E1593.
9 (Document marked for
10 identification as Endo-Lortie Deposition
11 Exhibit No. 53.)
12 BY MS. SCULLION:
13 Q. I hand you what's been marked as
14 Exhibit 53.
15 And Exhibit 53 is Bates stamped
16 ENDO-OPIOID_MDL-00992589, and we've marked it
17 E1593 in the upper right-hand corner.
18 Do you see this is an e-mail from
19 Ben Manibog to Demir Bingol?
20 A. I do see that, yes.
21 Q. And that was dated as of
22 December 1st, 2009, correct?
23 A. That's the date on the e-mail,
24 yes.

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1 where he, as you say, had concurrent
2 responsibilities.
3 Q. If you go to page E1593.2, you
4 see this is a Work Session Planner dated
5 December 1st, 2009?
6 MR. LIMBACHER: Objection, form
7 and foundation.
8 THE WITNESS: I see that as the
9 title or the header on that page, 93.2.
10 BY MS. SCULLION:
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1 Q. And at the time of this e-mail
2 you were employed by Endo and had responsibility
3 for Opana ER, correct?
4 A. Yes, as of that date I did.
5 Q. And Mr. Bingol, what was his
6 position with Endo in December of 2009?
7 A. To the best of my recollection,
8 he had marketing responsibility for Opana.
9 Q. Was he also serving as a regional
10 business director for the Midwest region during
11 that period?
12 A. No.
13 Q. You don't recall he had
14 concurrent responsibilities for a period of time
15 both as brand manager and as a regional business
16 director?
17 A. Oh, I do recall that, but it was
18 not at this time. It was later.
19 Q. What's your understanding of when
20 he had the concurrent responsibilities?
21 A. It was later than December of
22 2009, I'm certain of that. I don't recall
23 specifically, but it was either later in 2010 or
24 in 2011, he had a developmental assignment,

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MS. SCULLION: Let's take a quick
break.
THE VIDEOGRAPHER: Going off the

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<p>1 record 5:30.</p> <p>2 (Brief recess.)</p> <p>3 THE VIDEOGRAPHER: We are back on</p> <p>4 the record at 5:52.</p> <p>5 (Document marked for</p> <p>6 identification as Endo-Lortie Deposition</p> <p>7 Exhibit No. 54.)</p> <p>8 MS. SCULLION: Mr. Lortie,</p> <p>9 welcome back. I have no further</p> <p>10 questions for you today. I do want to</p> <p>11 mark as an exhibit, though, for the</p> <p>12 record, we'll mark it as Exhibit Number</p> <p>13 54.</p> <p>14 And Exhibit 54 is a printout of</p> <p>15 an e-mail I sent to Mr. Davis, counsel</p> <p>16 to Endo in this case on August 10th,</p> <p>17 2018, and I'm marking it as an exhibit</p> <p>18 to the record because it reflects at</p> <p>19 least some of the agreements we came to</p> <p>20 with Endo a few months ago as to the</p> <p>21 scope of the 30(b)(6) responses to be</p> <p>22 provided, including Mr. Lortie's</p> <p>23 testimony, and the agreements that we</p> <p>24 reached, to my understanding, were not</p>	<p>1 periods prior to the launch of Opana ER.</p> <p>2 Similarly, with respect to</p> <p>3 products other than Opana ER, the e-mail</p> <p>4 reflects that Endo's objections to</p> <p>5 providing discovery for all of its</p> <p>6 opioid products (branded and generic)</p> <p>7 have been overruled.</p> <p>8 MR. LIMBACHER: Jen,</p> <p>9 respectfully, is there a reason why</p> <p>10 you're putting this on the record.</p> <p>11 MS. SCULLION: Yes, I'm.</p> <p>12 MR. LIMBACHER: Because you've</p> <p>13 marked the e-mail as an exhibit. It</p> <p>14 will be attached to the transcript. Why</p> <p>15 are we doing this?</p> <p>16 MS. SCULLION: Counsel, we spent</p> <p>17 an inordinate amount of time trying to</p> <p>18 parse out again what this witness had or</p> <p>19 had not been prepared to and we're going</p> <p>20 to put on the record what the agreement</p> <p>21 was back in August of 2018 as to the</p> <p>22 scope of the 30(b)(6) responses. Sorry.</p> <p>23 So let me start again.</p> <p>24 Now, with respect to the scope</p>
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<p>1 honored, as reflected in the record</p> <p>2 yesterday, where we had to spend an</p> <p>3 inordinate amount of time understanding</p> <p>4 what Endo had chosen and not chosen to</p> <p>5 prepare the witness to testify to as its</p> <p>6 corporate representative.</p> <p>7 So, among other things, the</p> <p>8 e-mail recites that with respect to time</p> <p>9 frame for the 30(b)(6) responses that in</p> <p>10 its August 1st letter, Endo indicated it</p> <p>11 would not provide responsive information</p> <p>12 concerning pre-June 2004 periods ("Time</p> <p>13 Period Limit"). On our August 3 call,</p> <p>14 Endo confirmed that, consistent with</p> <p>15 special master Cohen's rulings, Endo is</p> <p>16 withdrawing its Time Period Limit, and</p> <p>17 it was, therefore, our understanding</p> <p>18 that, in fact, there were no time period</p> <p>19 limits with respect to Endo's 30(b)(6)</p> <p>20 responses. However, as reflected</p> <p>21 yesterday, the witness was not prepared</p> <p>22 to speak to virtually any of Endo's</p> <p>23 policies or procedures or other topics</p> <p>24 in which he was designated for any time</p>	<p>1 for the products that Endo's objections</p> <p>2 for providing discovery for all of its</p> <p>3 opioid products (branded and generic)</p> <p>4 have been overruled.</p> <p>5 Next sentence, thus we understand</p> <p>6 Endo will now be providing discovery</p> <p>7 (including 30(b)(6) testimony/written</p> <p>8 responses) not only for Opana ER but</p> <p>9 Opana IR, Numorphan, Percocet, Percodan</p> <p>10 and Endo's various generic opioids, as</p> <p>11 well as opioids as a class. As</p> <p>12 reflected in the record from yesterday,</p> <p>13 the witness was not prepared to speak</p> <p>14 to, for among other things, Percocet or</p> <p>15 Endo's generic OxyContin product. I</p> <p>16 think the witness said today that he was</p> <p>17 also not familiar -- maybe it was</p> <p>18 yesterday, I apologize, that he was not</p> <p>19 familiar with Numorphan. And so it is</p> <p>20 our position, again, that no fault of</p> <p>21 the witness' but that he was not</p> <p>22 properly prepared to speak to the</p> <p>23 entirety of the scope of the topics on</p> <p>24 which he was designated and which we</p>

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<p>1 prepared to take his testimony over the 2 course of the last two days. 3 We reserve all our rights with 4 respect to what we believe was a 5 violation of the rules, and with that, 6 we will end our questioning here today, 7 but with the right to continue 8 questioning on the issues for which 9 we've had no representative provided. 10 MR. LIMBACHER: Respectfully, 11 counsel, I disagree. I think the 12 witness was fully prepared to testify 13 with regard to all of the topics on 14 which he had been designated. You've 15 provided a self-serving e-mail only from 16 you without any response from Mr. Davis 17 that goes back to August of 2018. There 18 has been considerable subsequent e-mail 19 exchanges between the parties with 20 regard to the proper topics under the 21 30(b)(6) notice and which witness is or 22 is not being designated on specific 23 topics. 24 Without being comprehensive, I</p>	<p>1 other e-mails that reflect the 2 agreements among counsel, that even in 3 this e-mail that you, counsel, wrote, 4 you say at the bottom on the first 5 page -- near the bottom of the first 6 page that even you acknowledge that 7 Endo's willingness to provide 30(b)(6) 8 discovery with respect to generic opioid 9 products sold, licensed, distributed by 10 its wholly-owned subsidiary Par 11 Pharmaceuticals remains unclear. 12 So with that, counsel, I think we 13 can move on and try to accomplish 14 something since it's 6:00 at night. 15 MS. SCULLION: I just do want to 16 respond that the sentence you just 17 referred to was with respect to Par's 18 generics. The sentence before that was 19 with respect to Endo's generics. Endo, 20 long before the Par acquisition, did, in 21 fact, have its own generic opioid 22 products, including generic OxyContin, 23 including Endocet. 24 MR. LIMBACHER: Counsel, am I</p>
<p>1 would refer you to an e-mail dated 2 December the 12th, 2018 from Mr. Davis, 3 an e-mail dated January the 6th of 2019 4 from Mr. Davis. I would also refer you 5 to an e-mail dated October 22nd, 2018 6 from Mr. Davis, January 29th of 2019 7 from Mr. Davis, and I could go on and on 8 and on. 9 So by no means does Exhibit 54 10 reflect all of the agreements between 11 the parties that were worked out amongst 12 counsel in advance of Mr. Lortie's 13 deposition, and I strenuously reject the 14 notion that this witness was not 15 properly prepared. You asked him 16 multiple questions on multiple topics 17 that clearly fell outside the scope of 18 the language in the 30(b)(6) notice and 19 were inconsistent with both the letter 20 and the spirit of the e-mail exchanges 21 between counsel. 22 I'd also point out since you went 23 to the trouble of marking this 24 August 10th, 2018 e-mail but none of the</p>	<p>1 right that you and Mr. Davis have 2 engaged in multiple exchanges of e-mails 3 subsequent to August of 2018 with regard 4 to the agreements amongst counsel 5 concerning what this witness and other 6 witnesses are going to be designated to 7 testify on? 8 MS. SCULLION: The answer is, 9 yes, we did, and in none of those e-mail 10 exchanges was there ever a change in the 11 fact that the 30(b)(6) responses, 12 whether written, in writing or in 13 testimony were not to be limited to any 14 particular time frame, nor were they to 15 be limited solely to Opana ER, and that 16 is what we have witnessed over the 17 course of the last two days. 18 And I do want to make clear, 19 because I don't think I was clear 20 before, that with respect to reserving 21 our rights, we are also reserving the 22 right to seek preclusion to the extent 23 Endo would try to offer or seek to offer 24 any evidence with respect to the topics</p>

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<p style="text-align: right;">Page 590</p> <p>1 on which this witness has not prepared. 2 I understand that it sounds like 3 from counsel from Endo there's a 4 disagreement about that, but I am making 5 that clear for the record that we're 6 reserving our right to, in fact, seek 7 preclusion.</p> <p>8 MR. LIMBACHER: Well, again, I 9 object to an attempt here through this 10 Exhibit 54 to suggest that an e-mail 11 from August of 2018 is a reflection of 12 the actual state of the agreement 13 amongst counsel. That's simply not 14 correct.</p> <p>15 And, again, this witness was 16 fully and properly prepared to testify 17 with regard to the topics on which he 18 was designated, as reflected by multiple 19 exchanges of e-mails that are subsequent 20 to August of 2018.</p> <p>21 MS. SCULLION: Thank you for your 22 time.</p> <p>23 THE VIDEOGRAPHER: Going off the 24 record at 6:02.</p>	<p style="text-align: right;">Page 592</p> <p>1 BY MR. LENISKI: 2 Q. I'm going to be asking questions 3 today both as a fact witness and in your 4 capacity as 30(b)(6), similar to the MDL 5 counsel.</p> <p>6 MR. LIMBACHER: And, counsel, 7 just so we have the same understanding, 8 unless you make it clear on the record 9 that you're asking him in his capacity 10 as a 30(b)(6) witness, I think my 11 position will be that he's being 12 questioned in his capacity as a fact 13 witness.</p> <p>14 BY MR. LENISKI: 15 Q. Understood. And I'll try to make 16 that clear. I'll use the hat analogy, so go 17 ahead and put on your 30(b)(6) hat.</p> <p>18 A. Thank you.</p> <p>19 Q. Before Endo began marketing 20 Opana, did it believe that prescription abuse 21 was a real problem?</p> <p>22 MR. LIMBACHER: Object to form 23 and object to the extent it falls 24 outside the scope of the topics on which</p>
<p style="text-align: right;">Page 591</p> <p>1 (Pause.)</p> <p>2 THE VIDEOGRAPHER: We are back on 3 the record at 6:03.</p> <p>4 BY MR. LENISKI: 5 Q. Good afternoon, Mr. Lortie. My 6 name is Joe Leniski, we met yesterday. I 7 represent plaintiffs in Tennessee, and I'm going 8 to try to be brief, and I know it's been a long 9 two days.</p> <p>10 MR. LENISKI: So before I begin, 11 though, I need to state that the 12 Tennessee state plaintiffs have a 13 standing objection, which I will adopt 14 here, to these depositions due to a lack 15 of adequate notice, a lack of document 16 production and because there are 17 different civil rules that apply in 18 Tennessee, including the lack of a 19 limitation on time limits for 20 depositions. Unless you have some 21 response, counsel, I'll proceed.</p> <p>22 MR. LIMBACHER: No, we understand 23 your position.</p> <p>24 MR. LENISKI: Thank you.</p>	<p style="text-align: right;">Page 593</p> <p>1 he's been designated.</p> <p>2 THE WITNESS: My recollection is 3 Opana was marketed after 2006. So prior 4 to that, it was prior to 2006. I joined 5 in 2009, so I can't really draw a 6 conclusion as to what Endo's position 7 was back then.</p> <p>8 BY MR. LENISKI:</p> <p>9 [REDACTED]</p> <p>10 [REDACTED]</p> <p>11 [REDACTED]</p> <p>12 [REDACTED]</p> <p>13 [REDACTED]</p> <p>14 [REDACTED]</p> <p>15 [REDACTED]</p> <p>16 [REDACTED]</p> <p>17 [REDACTED]</p> <p>18 [REDACTED]</p> <p>19 [REDACTED]</p> <p>20 [REDACTED]</p> <p>21 [REDACTED]</p> <p>22 [REDACTED]</p> <p>23 [REDACTED]</p> <p>24 [REDACTED]</p>

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<p>Page 594</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p> 	<p>Page 596</p> <p>1 identification as Endo-Lortie Deposition 2 Exhibit No. 55.) 3 BY MR. LENISKI: 4 Q. Handing you Exhibit 55. There's 5 extra copies there for counsel on down. 6 This is ENDO-OPIOID_MDL-01941783. 7 It's an e-mail with an attached PowerPoint. 8 MR. LIMBACHER: This is 55? 9 MR. LENISKI: Correct, sorry, 10 Exhibit 55. 11 BY MR. LENISKI: 12 Q. Mr. Lortie, do you recognize the 13 document? 14 A. I don't recall seeing it, but I 15 recognize it as a document from Brian Munroe to 16 myself and others. 17 Q. Okay. And this is dated 18 May 30th, 2012, correct? 19 A. Yes, that's correct. 20 Q. And this is approximately the 21 time that Endo is launching the reformulated 22 Opana ER; is that your recollection? 23 A. Yes, I think that's true. That 24 was in the middle of 2012.</p>
<p>Page 595</p> <p>1 2 3 4 5 6 7</p> <p>8 Q. Did Endo ever question whether 9 prescription -- abuse of prescription opioids 10 was a real problem?</p> <p>11 MR. LIMBACHER: Same objections. 12 THE WITNESS: I don't know. I 13 don't recall that myself, but I don't 14 know.</p> <p>15 BY MR. LENISKI:</p> <p>16 Q. At any point do you recall Endo 17 claiming the problem of abuse of prescription 18 opioids was merely a perception created by the 19 media and the government?</p> <p>20 MR. LIMBACHER: Objection, same 21 objections.</p> <p>22 THE WITNESS: I don't recall 23 that.</p> <p>24 (Document marked for</p>	<p>Page 597</p> <p>1 Q. Okay. And if you look, the 2 attachment is titled Rx drug abuse deck for 3 6/5/12.</p> <p>4 MR. LIMBACHER: Counsel, to the 5 extent it's not clear, I'm continuing my 6 objections to this line of questions to 7 the extent it falls outside the scope of 8 the topics on which he's been 9 designated.</p> <p>10 BY MR. LENISKI:</p> <p>11 Q. Okay. In this e-mail Mr. Munroe 12 sent to yourself he writes, thanks team for 13 helping put this together. Brian, I promised 14 you a draft to look at before I send to Julie 15 and I thought I would include everyone on the 16 team if anyone has comments or improvements. I 17 plan on highlighting, Brian, our close 18 partnership with you and your team on every 19 aspect of what we are doing.</p> <p>20 Have I read that correctly?</p> <p>21 A. Yes.</p> <p>22 Q. And the Brian, is the Brian he's 23 referring to in those comments you? Is that a 24 fair assumption?</p>

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1 A. I think that's a fair assumption.	1
2 It's written a little bit awkwardly, but there's	2
3 no other Brian on the e-mail so I can --	3
4 Q. And when he's referring to our	4
5 close partnership with you and your team, is he	5
6 referring to the partnership between the	6
7 legislative and regulatory team at Endo and your	7
8 division at Endo?	8
9 A. It could be that's what he means.	9
10 I mean, it's not my e-mail. It's written to me,	10
11 but it's not written by me, so beyond reading	11
12 here, I can't tell you exactly what he was	12
13 thinking.	13
14 Q. Does this refresh your	14
15 recollection at all about why Mr. Munroe was	15
16 putting this particular slide deck together?	16
17 A. No, it does not. I'm happy to	17
18 look through the deck to see if anything in here	18
19 does refresh my recollection.	19
20 Q. Okay. Go ahead.	20
21 A. (Witness reviews document.)	21
22 Q. And when you're ready, I'm going	22
23 to refer to you page 2 and 3 of the slide deck.	23
24 A. Okay. I'll just take a minute to	24
[REDACTED]	
Page 599	Page 601
1 quickly review the document. (Witness reviews	1
2 document.)	2
3 MR. LIMBACHER: Counsel, which	3
4 topic in the 30(b)(6) notice are you	4
5 claiming this line of questioning is	5
6 covered by?	6
7 MR. LENISKI: Well, I can	7
8 actually question him in his personal	8
9 capacity, since he received the e-mail.	9
10 MR. LIMBACHER: Okay.	10
11 MR. LENISKI: But I would think	11
12 it would be proper under policies for	12
13 abuse and diversion issues at Endo	13
14 ensuring compliance with anti-diversion	14
15 laws and regulations.	15
16 MR. LIMBACHER: Are you going to	16
17 be now questioning him in his individual	17
18 capacity?	18
19 MR. LENISKI: I am right now.	19
20 MR. LIMBACHER: Thank you.	20
21 THE WITNESS: I looked through	21
22 generally, so I've got an idea of the	22
23 document. I don't recall seeing it.	23
24 BY MR. LENISKI:	24
[REDACTED]	

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<p>Page 606</p> <p>1 2 3 4 5 6 7 8 9</p> <p>10 (Document marked for 11 identification as Endo-Lortie Deposition 12 Exhibit No. 56.)</p> <p>13 MR. LENISKI: I'm handing the 14 witness Exhibit 56 to his deposition, 15 and this is EPI001932425.</p> <p>16 BY MR. LENISKI:</p> <p>17 Q. Mr. Lortie, I'll represent to you 18 that this came from your custodial file, and 19 there is no cover page that was produced to us 20 that we could locate. It's just what appears to 21 be slides, for your reference.</p> <p>22 A. For my efforts, sorry?</p> <p>23 Q. For your reference?</p> <p>24 A. For my reference, okay. May I</p>	<p>Page 608</p> <p>1 2 3 4 5 6 7 8 9</p>
<p>Page 607</p> <p>1 take a look through them?</p> <p>2 Q. Yes. And when you're ready, I'm 3 going to be asking you questions specifically 4 about what's on pages 9 through 13.</p> <p>5 A. Okay, that's helpful. Thank you.</p> <p>6 (Witness reviews document.)</p> <p>7 Okay. I haven't read the whole document, but 8 I've read up through 9 through 13, so I'm happy 9 to look at it.</p> <p>10 Q. Do you recognize the document?</p> <p>11 A. I don't, not sitting here, no, I 12 don't, and I don't -- as you said, there's not a 13 cover letter that orients us, but so I don't 14 recall -- I don't recognize it sitting here. I 15 haven't reviewed it.</p> <p>16 17 18 19 20 21 22 23 24</p>	<p>Page 609</p> <p>1 2 3 4 5 6 7 8 9</p> <p>10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>

48 (Pages 606 to 609)

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Page 612

1 Q. Okay. Put back on your 30(b)(6)
2 hat. Look at slide 13.
3 A. I was just going to add, just to
4 finish my --
5 Q. Sorry.
6 A. It is nearly six years since
7 this.
8 Q. Understood. Put back on your
9 30(b)(6) hat. Look at slide 13.
10 A. Thirteen, okay.

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BY MR. LENISKI:

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<p style="text-align: center;">Page 614</p> <p>1 [REDACTED]</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24 BY MR. LENISKI:</p>	<p>1 are no such numbers on the deck whatsoever.</p> <p>2 Q. And let me explain that. So this</p> <p>3 is how it was produced to us. The cover page</p> <p>4 says "Produced in Native Format."</p> <p>5 A. Yes.</p> <p>6 Q. And what you see ensuing is the</p> <p>7 printout of the native PowerPoint presentation,</p> <p>8 which is why there are no Bates stamps on it</p> <p>9 because we don't Bates stamp evidently native</p> <p>10 files.</p> <p>11 A. Okay, I understand. I just</p> <p>12 wanted to make sure that I was looking at the</p> <p>13 right thing.</p> <p>14 So I believe you asked me if I</p> <p>15 had seen this in preparation. I do not recall</p> <p>16 seeing this specific document.</p> <p>17 Q. Okay. The cover e-mail is from</p> <p>18 Mark Collins, and you recognize that Mr. Collins</p> <p>19 was a member of the risk management team,</p> <p>20 correct?</p> <p>21 A. I believe that's true, yes.</p> <p>22 Q. To Deborah Logan, and who is</p> <p>23 that?</p> <p>24 A. I believe Deborah Logan was one</p>
<p style="text-align: center;">Page 615</p> <p>1 Q. Put that down. Do you recall</p> <p>2 being asked some questions earlier about the</p> <p>3 risk management team?</p> <p>4 A. I recall that we've discussed</p> <p>5 that, but I don't recall the specific questions.</p> <p>6 Q. At no point did you in your</p> <p>7 individual capacity were a member of the risk</p> <p>8 management team, correct?</p> <p>9 A. That is correct.</p> <p>10 (Document marked for</p> <p>11 identification as Endo-Lortie Deposition</p> <p>12 Exhibit No. 57.)</p> <p>13 MR. LENISKI: I apologize, I</p> <p>14 think I need a copy back. Hand the</p> <p>15 witness Exhibit 57,</p> <p>16 ENDO-OPIOID_MDL-01333143.</p> <p>17 BY MR. LENISKI:</p> <p>18 Q. My question to you, and this is</p> <p>19 in your capacity as a 30(b)(6) witness, is</p> <p>20 whether or not you reviewed this document in</p> <p>21 preparation for your testimony today?</p> <p>22 A. Before I answer that, can I just</p> <p>23 point out that the next page has a different</p> <p>24 number on the bottom. It has 144 and then there</p>	<p>1 of our corporate attorneys. I'm not completely</p> <p>2 sure, but I believe that's the case.</p> <p>3 Q. If you look at page -- I'm sorry,</p> <p>4 item 6 on the agenda which is on page 2 of the</p> <p>5 PowerPoint.</p> <p>6 A. And so this is the PowerPoint,</p> <p>7 the November 2014 PowerPoint that's referred to</p> <p>8 in the attachment.</p> <p>9 Q. Correct, this is -- correct, so</p> <p>10 this is the PowerPoint that's identified in the</p> <p>11 cover e-mail.</p> <p>12 A. Okay. And you're pointing me to</p> <p>13 page 2, the agenda?</p> <p>14 Q. Correct.</p> <p>15 A. I have that in front of me now.</p> <p>16 Q. Do you see number 6, Inflexxion,</p> <p>17 third quarter 2014 update?</p> <p>18 A. Yes, I see that.</p> <p>19 [REDACTED]</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

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<p style="text-align: right;">Page 618</p> <p>1 [REDACTED]</p> <p>2 [REDACTED]</p> <p>3 Q. Okay. And if you look at the --</p> <p>4 I neglected to identify this, but on page 1 of</p> <p>5 the slides it states, "November 2014, Opana ER,</p> <p>6 Risk Management Committee Meeting, November 25,</p> <p>7 2014," correct?</p> <p>8 A. Yes, I see that.</p> <p>9 Q. Okay. Can you turn to page --</p> <p>10 I'm sorry slide 14.</p> <p>11 A. Slide 14. Mine, actually, I</p> <p>12 don't have a slide 14.</p> <p>13 MR. LIMBACHER: I don't either.</p> <p>14 THE WITNESS: I go from 12 to 15.</p> <p>15 MR. LENISKI: One second. Off</p> <p>16 the record real quick.</p> <p>17 THE VIDEOGRAPHER: Off the</p> <p>18 record, 6:32.</p> <p>19 (Pause.)</p> <p>20 THE VIDEOGRAPHER: Back on the</p> <p>21 record at 6:35.</p> <p>22 BY MR. LENISKI:</p> <p>23 Q. Exhibit 57 that I've handed you</p> <p>24 was produced to us with odd numbered slides, so</p>	<p style="text-align: right;">Page 620</p> <p>1 [REDACTED]</p> <p>2 [REDACTED]</p> <p>3 [REDACTED]</p> <p>4 [REDACTED]</p> <p>5 [REDACTED]</p> <p>6 [REDACTED]</p> <p>7 [REDACTED]</p> <p>8 [REDACTED]</p> <p>9 [REDACTED]</p> <p>10 [REDACTED]</p> <p>11 [REDACTED]</p> <p>12 [REDACTED]</p> <p>13 [REDACTED]</p> <p>14 [REDACTED]</p> <p>15 [REDACTED]</p> <p>16 [REDACTED]</p> <p>17 [REDACTED]</p> <p>18 [REDACTED]</p> <p>19 [REDACTED]</p> <p>20 [REDACTED]</p> <p>21 [REDACTED]</p> <p>22 [REDACTED]</p> <p>23 [REDACTED]</p> <p>24 [REDACTED]</p>
<p style="text-align: right;">Page 619</p> <p>1 what you have before you is what was produced to</p> <p>2 at least Tennessee plaintiffs. So if it's</p> <p>3 missing numbers, misnumbered slides, that's how</p> <p>4 it was produced. I'll represent that to you,</p> <p>5 okay?</p> <p>6 MR. LIMBACHER: Joe, just so</p> <p>7 we're clear on the record, I obviously</p> <p>8 don't have the ability or opportunity to</p> <p>9 verify what you just said, so I'll</p> <p>10 object to questions with regard to</p> <p>11 Exhibit 57 to the extent it's an</p> <p>12 incomplete document, but I understand</p> <p>13 what your position is, and go ahead and</p> <p>14 ask your questions.</p> <p>15 BY MR. LENISKI:</p> <p>16 Q. Okay. If you turn to the slide</p> <p>17 16.</p> <p>18 A. Okay, yes, I have that in front</p> <p>19 of me.</p> <p>20 [REDACTED]</p> <p>21 [REDACTED]</p> <p>22 [REDACTED]</p> <p>23 [REDACTED]</p> <p>24 [REDACTED]</p>	<p style="text-align: right;">Page 621</p> <p>1 [REDACTED]</p> <p>2 [REDACTED]</p> <p>3 [REDACTED]</p> <p>4 [REDACTED]</p> <p>5 [REDACTED]</p> <p>6 [REDACTED]</p> <p>7 [REDACTED]</p> <p>8 [REDACTED]</p> <p>9 [REDACTED]</p> <p>10 [REDACTED]</p> <p>11 [REDACTED]</p> <p>12 [REDACTED]</p> <p>13 [REDACTED]</p> <p>14 [REDACTED]</p> <p>15 [REDACTED]</p> <p>16 [REDACTED]</p> <p>17 [REDACTED]</p> <p>18 [REDACTED]</p> <p>19 [REDACTED]</p> <p>20 [REDACTED]</p> <p>21 [REDACTED]</p> <p>22 [REDACTED]</p> <p>23 [REDACTED]</p> <p>24 [REDACTED]</p>

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19 Q. Okay. I'm done with that.
20 Mr. Lortie, before your
21 deposition, counsel for Endo informed counsel
22 for Tennessee plaintiffs that you had no
23 Tennessee-specific knowledge.
24 Was that an accurate statement?

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<p>Page 626</p> <p>1 A. Yes, I think that's true.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17 (Document marked for</p> <p>18 identification as Endo-Lortie Deposition</p> <p>19 Exhibit No. 58.)</p> <p>20 MR. LENISKI: Handing the witness</p> <p>21 Exhibit 58 to his deposition. This is</p> <p>22 ENDO-OPIOID_MDL-02667006.</p> <p>23 BY MR. LENISKI:</p> <p>24 Q. Mr. Lortie, do you recognize the</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
<p>Page 627</p> <p>1 e-mails I just handed you?</p> <p>2 A. I don't recall them specifically.</p> <p>3 I'm reading them right now, though.</p> <p>4 (Witness reviews document.)</p> <p>5 Okay. I have reviewed it. There's nothing on</p> <p>6 the second page other than the company logo; is</p> <p>7 that correct?</p> <p>8 Q. That's correct.</p> <p>9 Okay. So Exhibit 58 is two</p> <p>10 e-mails, correct?</p> <p>11 A. That is true, yes.</p> <p>12 Q. And the first e-mail</p> <p>13 chronologically at the bottom is from you to</p> <p>14 Jason Reckner on November 13, 2004, correct?</p> <p>15 A. 2014.</p> <p>16 Q. I'm sorry, 2014, thank you.</p> <p>17 A. That's correct.</p> <p>18 Q. Who is Jason Reckner?</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p>Page 629</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

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Page 630	Page 632
1 2 3 4 (Document marked for 5 identification as Endo-Lortie Deposition 6 Exhibit No. 59.) 7 BY MR. LENISKI: 8 Q. Keep that one handy. 9 A. Okay. 10 Q. I'm handing you Exhibit 59 to 11 your deposition. This is 12 ENDO-OPIOID_MDL-02667012. It includes printouts 13 of native -- of a native version of the 14 spreadsheet that was attached. 15 A. Is it just -- it's what's 16 stapled, I guess, right? There was a paper 17 clip, but it doesn't appear to be doing 18 anything. 19 Q. Correct, you should have a 20 stapled version? 21 A. That's the entirety of the 22 exhibit there? 23 Q. Yes. 24 A. Okay. I'm sorry. If you asked	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

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BY MR. LENISKI:

Q. Okay. Go back to Exhibit 58.

This is the e-mail.

A. I have it.

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MR. LIMBACHER: Take a short break.
THE VIDEOGRAPHER: Going off the record, 6:59.
(Brief recess.)

56 (Pages 638 to 641)

Golkow Litigation Services - 877.370.DEPS

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<p>1 [REDACTED] 2 3 4 5 6 7 8 company in 2009, did you have some 9 responsibility for Opana ER? 10 A. Yes, Opana was one of the 11 products in the pain products portfolio. 12 [REDACTED] 13 14 15 16 17 18 19 20 21 22 23 24</p>	<p>1 [REDACTED] 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>
<p>1 [REDACTED] 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>	<p>1 [REDACTED] 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>

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BY MR. LIMBACHER:

Q. I think you were shown a copy of
one of these, but did Endo provide any regular
updates of its RiskMAP activities to the FDA?

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3 MS. SCULLION: Objection, move to
 4 strike as nonresponsive to the extent he
 5 talked about information beyond the
 6 RiskMAP.

7 BY MR. LIMBACHER:

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Page 656

1 that you were just mentioning. I think you have
 2 it in front of you. It was marked by counsel as
 3 Exhibit 10.

4 Do you have that there,
 5 Mr. Lortie?

6 A. Yes, I do.

7 Q. And what are some of the things
 8 that are -- that the sales reps were to be
 9 looking for to see if there was any suspected
 10 diversion?

11 A. I can read some of them here. I
 12 mean, there were nine specifically listed that
 13 were signals or attributes of situations that a
 14 rep may encounter in the course of their
 15 day-to-day responsibilities. They include a
 16 large proportion of prescriptions being paid for
 17 in cash, drugs and doses being prescribed not
 18 individualized, meaning every prescription that
 19 was written by a physician was for 40-milligram
 20 tablets rather than titrated to a given -- the
 21 need of a given individual patient.

22 Lack of qualified office staff,
 23 such as no nurses or PAs in the office. Special
 24 entrance requirements to the practice or lack of

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Q. Let's take a look at that --

MS. SCULLION: Objection, sorry,
 move to strike everything before part of
 that and everything that discussed
 anything except the sales training.

BY MR. LIMBACHER:

Q. Let's take a look at that form

Page 657

1 signage that indicates, you know, what you would
 2 normally expect to see. Large distances between
 3 the doctor, patients and pharmacy. High
 4 frequency of prescriptions to replace lost
 5 prescriptions or medications. Managed care
 6 organization excluding a particular physician
 7 from the ability to write prescriptions that are
 8 reimbursed by that managed care organization. A
 9 presence of law enforcement in or around the
 10 office. Indication from the prescriber to the
 11 sales representative personally that the
 12 prescriber is no longer allowed or able to
 13 prescribe scheduled products. And then there's
 14 a section here, of course, that the
 15 representative could fill in if there was
 16 something that fell outside of those particular
 17 attributes that caused them concern.

18 Q. When you joined the company, what
 19 was the state of the development of the
 20 reformulated version of Opana?

21 MS. SCULLION: Objection,
 22 foundation.

23 THE WITNESS: To my recollection,
 24 it certainly was in development and

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<p>1 underway. The product was submitted to 2 the FDA in 2010, I believe, and, of 3 course, it was the subject of a typical 4 and lengthy and comprehensive 5 development program that involved trying 6 out different formulations, finding 7 formulations that worked during the 8 clinical trials, putting those clinical 9 trials together, submitting the dossier. 10 That's a comprehensive process, of 11 course, and it takes some time. So, you 12 know, my recollection is that that began 13 perhaps in 2006 or 2007, certainly began 14 before 2009, because, as I said -- 15 because, as I said, the submission was 16 done in 2010, I believe.</p> <p>17 MS. SCULLION: Move to strike, 18 everything, the narrative beyond the 19 statement "development and underway."</p> <p>20 BY MR. LIMBACHER:</p> <p>21 Q. As head of the pain business at 22 Endo at this time when you joined the company in 23 2009, did you come to understand why the company 24 embarked on a program to develop a new</p>	<p>1 characteristics."</p> <p>2 BY MR. LIMBACHER:</p> <p>3 Q. Did you participate in meetings 4 with the DEA, Mr. Lortie, regarding Endo's 5 development of a reformulated version of Opana 6 ER?</p> <p>7 A. I do recall at least one meeting 8 where I personally attended with the DEA on that 9 topic, yes.</p> <p>10 Q. Let me show you what we've marked 11 as Exhibit number 60.</p> <p>12 (Document marked for 13 identification as Endo-Lortie Deposition 14 Exhibit No. 60.)</p> <p>15 BY MR. LIMBACHER:</p> <p>16 Q. I ask you to take a look at that 17 and let us know if this references that meeting 18 that you just testified about.</p> <p>19 A. (Witness reviews document.)</p> <p>20 MS. SCULLION: Do you want to 21 read the Bates number into the record?</p> <p>22 MR. LIMBACHER: Sure. It's Bates 23 number END00027562.</p> <p>24 THE WITNESS: Yes, this is the</p>
<p>1 formulation of Opana?</p> <p>2 A. My understanding was, and, again, 3 this development was underway prior to my 4 arrival, but that it was undertaken as a result 5 of the company realizing that one of the routes 6 of abuse and misuse that was being seen for 7 long-acting opioids, not just Opana but others 8 as well, was the crushing and snorting, so 9 insufflation, and the company realized through 10 investigation that there was an ability from a 11 technological standpoint that had a chance of 12 mitigating that through physical 13 characteristics.</p> <p>14 They embarked on finding a 15 technology that worked, licensing that 16 technology in and then completing a development 17 program, but it was all done to mitigate one 18 form of abuse. Everybody recognized, of course, 19 that there was no one approach that would 20 mitigate all forms of abuse, but crushing and 21 snorting was a big problem, and it was one that 22 the company thought they could solve.</p> <p>23 MS. SCULLION: Objection to the 24 narrative beyond "physical</p>	<p>1 meeting that I had in mind.</p> <p>2 BY MR. LIMBACHER:</p> <p>3 Q. And this is an e-mail dated 4 July 13th of 2011; is that right?</p> <p>5 A. Yes, that's correct.</p> <p>6 Q. And the e-mail is written by 7 Steven Cowan?</p> <p>8 A. Yes.</p> <p>9 Q. Was Mr. Cowan also at the 10 meeting?</p> <p>11 A. He was, yes.</p> <p>12 Q. And did you receive a copy of the 13 e-mail that's been marked as Exhibit 60?</p> <p>14 A. I'm cc'd on it, so, yes, I'm sure 15 I did.</p> <p>16 Q. And do you recall attending this 17 particular meeting?</p> <p>18 A. I do, yes.</p> <p>19 Q. And what do you recall about the 20 DEA's views regarding Endo's plans to introduce 21 a reformulated version of Opana ER?</p> <p>22 MS. SCULLION: Objection, 23 foundation.</p> <p>24 THE WITNESS: I recall very</p>

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<p>1 clearly that the DEA, first of all, by 2 the fact that they allowed us to have 3 this meeting with the fairly high 4 ranking number of DEA personnel was 5 quite remarkable, and I recall them 6 indicating to us that they were also -- 7 they shared our objective of making 8 incremental steps to try and mitigate 9 abuse of in this case -- in our case of 10 Opana. They recognized that crushing 11 and snorting was an important route of 12 abuse and misuse, and they were 13 particularly aligned with our efforts in 14 support of -- in fact, there's some text 15 in here that indicates the DEA being 16 highly aligned with Endo's plan to 17 introduce a new formulation as quickly 18 as possible.</p> <p>19 And, again, generally, I recall 20 them recognizing and being in alignment 21 with our recognition of the problem and 22 our plans to try to address it.</p> <p>23 MS. SCULLION: Note also my 24 objection to the hearsay.</p>	<p>1 6 of Exhibit 55. It has the heading "Abuse & 2 Misuse Overview." 3 A. Yes, I have slide 6. 4 Q. Did counsel show this particular 5 slide to you? 6 A. I do not believe he did, no. 7 Q. Can you summarize for us what's 8 set forth on this particular slide? 9 MS. SCULLION: Objection to form, 10 foundation. As I recall, the objection 11 was made to the witness testifying about 12 the slide deck on the grounds that he 13 did not recall it.</p> <p>14 BY MR. LIMBACHER: 15 Q. You can go ahead and answer the 16 question. 17 A. Thank you. So what I read on 18 this slide is that it's acknowledging -- that 19 the author is acknowledging after the previous 20 slides to set up whatever the discussion is and, 21 again, just to reinforce, I wasn't part of that 22 discussion, so I don't know who the audience was 23 or the context, but after setting that up with 24 some of the previous slides that I reviewed, the</p>
<p style="text-align: center;">Page 663</p> <p>1 BY MR. LIMBACHER: 2 Q. If you have in front of you 3 Exhibit 55. I wanted to ask you a couple of 4 questions about that. That's one of the 5 exhibits that counsel from Tennessee was asking 6 you about. 7 A. And you said 55? 8 Q. Yes. 9 A. Thank you. Sorry about that. 10 Q. Take a look at Exhibit 55. 11 Do you recall being asked 12 questions about this particular document by 13 counsel representing plaintiffs from Tennessee? 14 A. Yes, I do. 15 Q. And do you recall that the 16 questions you were being asked suggested that 17 Endo considered abuse and misuse an issue of 18 mere perception? 19 A. I do recall that, yes. 20 Q. Did he show you various pages 21 from the slide deck that is attached to the 22 first page of Exhibit 55? 23 A. Yes, he did. 24 Q. Let me refer you to slide number</p>	<p style="text-align: center;">Page 665</p> <p>1 author now states that abuse and misuse, at 2 least in the view of the author, is a real 3 public health epidemic, a real public health 4 epidemic and has several points of support for 5 that statement, including number of overdoses, 6 deaths related to overdoses, how many Americans 7 reported nonmedical use of prescription pain 8 medications, emergency department visits, 9 nonmedical use of prescriptions medications 10 costing health insurers billions of dollars. 11 So it puts into context, I think, 12 a view on the seriousness of the abuse and 13 misuse of controlled substances. 14 Q. We've been here two days and 15 you've answered a lot of questions, Mr. Lortie. 16 I just want to have you step back for just a 17 moment and ask you how would you describe Endo's 18 efforts to minimize the risk of abuse and 19 diversion of Opana? 20 MS. SCULLION: Objection to form. 21 THE WITNESS: I spent seven years 22 or so there in a senior position, always 23 with some close proximity to the pain 24 business, and it was a company that was</p>

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<p style="text-align: center;">Page 666</p> <p>1 deeply rooted in pain therapeutics and, 2 therefore, believed importantly that 3 patients who suffer from chronic pain 4 deserve access to medicines that help 5 them live as nearly normal a life as 6 possible.</p> <p>7 The company always also 8 recognized that there's a potential for 9 diversion and misuse and abuse of these 10 medicines. That's been long established 11 long before I got there.</p> <p>12 And, therefore, always had in 13 place not just policies and procedures 14 and professionals whose job it was to 15 play an important role in making sure to 16 the extent of the company's capabilities 17 that that was taken seriously and 18 necessary steps were taken, but also a 19 company culture of compliance with 20 regulations and the spirit so that there 21 wasn't jeopardy to patients who deserved 22 to have access to important medicines to 23 live their normal lives.</p> <p>24 So it was not just company</p>	<p style="text-align: center;">Page 668</p> <p>1 withdrew original Opana ER for safety reasons, 2 correct, discontinued for safety reasons? 3 MR. LIMBACHER: Object to form. 4 THE WITNESS: That was our 5 understanding at the time, yes. 6 BY MS. SCULLION: 7 Q. And the safety reasons for which 8 Endo cited for the withdrawal were that Opana ER 9 was subject to both intentional and inadvertent 10 abuse and misuse, correct? 11 MR. LIMBACHER: Object to form. 12 THE WITNESS: I believe that to 13 be the case at the time. That was the 14 company's understanding, yes. 15 BY MS. SCULLION: 16 Q. And, in fact, throughout the time 17 that Endo was submitting RiskMAP updates to the 18 FDA, Endo was consistently noting case after 19 case of abuse and misuse of Opana ER, correct? 20 MR. LIMBACHER: Object to form. 21 THE WITNESS: The subject of the 22 RiskMAP -- of the RiskMAP updates would 23 have included that type of information, 24 that is correct.</p>
<p style="text-align: center;">Page 667</p> <p>1 activity, but it was really a cultural 2 aspect of compliance, and I'm proud of 3 my time there. I really feel that the 4 company did what it could and always 5 took it very seriously.</p> <p>6 MS. SCULLION: Move to strike as 7 improper narrative.</p> <p>8 MR. LIMBACHER: Thank you, 9 Mr. Lortie. That's all the questions I 10 have.</p> <p>11 THE VIDEOGRAPHER: Going off the 12 record at 7:43 p m.</p> <p>13 (Brief recess.)</p> <p>14 THE VIDEOGRAPHER: We are back on 15 the record at 8:01.</p> <p>16 BY MS. SCULLION:</p> <p>17 Q. Mr. Lortie, welcome back.</p> <p>18 Counsel had asked you to describe 19 Endo's efforts to minimize their risk of abuse 20 and diversion of Opana.</p> <p>21 Do you remember he asked that 22 question?</p> <p>23 A. Yes, I do.</p> <p>24 Q. Okay. Now, the fact is that Endo</p>	<p style="text-align: center;">Page 669</p> <p>1 BY MS. SCULLION: 2 Q. Let's look at some of the RiskMAP 3 updates. Can you pull back Exhibit Number 50. 4 A. I will find it, yes. 5 Q. Do you have Exhibit Number 50 in 6 front of you? 7 A. I do have Exhibit Number 50, yes. 8 Q. Okay. And this is the RiskMAP 9 update report we looked at before dated 10 May 22nd, 2008. 11 Can you turn to page 20 of that 12 exhibit? 13 A. Sure. 14 Q. You see under "Periodic Reports" 15 that Endo reports to the FDA that there were a 16 total of 306 adverse event reports submitted to 17 the agency since approval of the product, 18 correct? 19 A. Yes, that's correct. 20 Q. Endo then goes on to state in the 21 last sentence of that paragraph, "Post marketing 22 safety surveillance of Opana ER since launch has 23 not identified any new safety issues," correct? 24 A. That's what it says, yes.</p>

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<p style="text-align: center;">Page 670</p> <p>1 Q. Right. And then that was the 2 update report covering January 1st, 2008 to 3 March 31st, 2008. 4 Let's look at the next year. 5 (Document marked for 6 identification as Endo-Lortie Deposition 7 Exhibit No. 61.) 8 BY MS. SCULLION: 9 Q. Show you what's been marked as 10 Exhibit 61. 11 And Exhibit 61 for the record is 12 Bates stamped EPI000119179, and this is a 13 RiskMAP Update Report covering the period 14 January 1st, 2009 to March 31st, 2009. 15 If you could turn to page 16 of 16 this RiskMAP Update Report. And again looking 17 under "Post Marketing Surveillance," 6.1, do you 18 see the last sentence of that paragraph, Endo 19 once again reports "Post marketing surveillance 20 of Opana ER since launch has not identified any 21 new safety issues." 22 Did I read that correctly? 23 A. Let me just catch up to you here. 24 And that's in paragraph 6.1, correct.</p>	<p style="text-align: center;">Page 672</p> <p>1 in terms of the definition of them. 2 Q. It's the same sentence in every 3 report so far, right? 4 MR. LIMBACHER: Object to form. 5 THE WITNESS: I'm not sure. 6 (Document marked for 7 identification as Endo-Lortie Deposition 8 Exhibit No. 63.) 9 BY MS. SCULLION: 10 Q. So then let's go to the report 11 for the period January 1st, 2011 to March 31st, 12 2011. I hand you what's been marked as Exhibit 13 Number 63. 14 And that is Bates stamped 15 END00308793. 16 And, again, if you'll turn to 17 page 18, section "Post marketing Surveillance," 18 subsection 6.1, "Periodic Reports." 19 A. Can you just let me catch up to 20 where you are. 21 Q. Sure. 22 A. Okay, thank you. You said 18, 23 correct? 24 Q. Correct. Do you see paragraph</p>
<p style="text-align: center;">Page 671</p> <p>1 Q. Last sentence. 2 A. Periodic reports. 3 Yes, I believe you read that 4 accurately. 5 Q. And let's look now at the report 6 for January 1st, 2010 to March 31st, 2010. 7 (Document marked for 8 identification as Endo-Lortie Deposition 9 Exhibit No. 62.) 10 BY MS. SCULLION: 11 Q. It's Exhibit Number 62. 12 And it's Bates stamped 13 ENDO-OR-CID-00681354. And here again, if you'll 14 turn to page 15 of this RiskMAP update, bottom 15 of the page, "Post Marketing Surveillance, 16 Periodic Reports," and the paragraph carries 17 over to the top of the next page, page 16, and, 18 once again, at the end of that paragraph, Endo 19 reports "Postmarketing surveillance of Opana ER 20 since launch has not identified any new safety 21 issues," correct? 22 A. Yeah, I read that as any new 23 safety issues, in other words, any new safety 24 issues that have not been previously described</p>	<p style="text-align: center;">Page 673</p> <p>1 6.1 Periodic Reports? 2 A. I do. 3 Q. And, again, Endo reports to the 4 FDA "Postmarketing surveillance of Opana ER 5 since launch has not identified any new safety 6 issues." 7 That's what it says, right? 8 A. You read that correctly. 9 Q. Okay. And let's look at the 10 report for the last half of 2011. 11 (Document marked for 12 identification as Endo-Lortie Deposition 13 Exhibit No. 64.) 14 BY MS. SCULLION: 15 Q. Hand you what's been marked as 16 Exhibit Number 64. 17 And Exhibit 64 is Bates stamped 18 EPI000015268. 19 And if you'll turn in this 20 exhibit to page 18, I direct your attention 21 again to the section "Post Marketing 22 Surveillance," paragraph 6.1, "Periodic 23 Reports." 24 Are you with me?</p>

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<p style="text-align: right;">Page 674</p> <p>1 A. Yes, on the top of 18. 2 Q. And, once again, for the period 3 July 1st, 2011 to September 30th, 2011, Endo's 4 reporting "Postmarketing surveillance of Opana 5 ER since launch has not identified any new 6 safety issues." 7 Did I read that correctly? 8 A. Yes, you did. 9 Q. Now, as we saw earlier in your 10 testimony, as of May 2011, the DEA for the 11 Philadelphia area office had, in fact, 12 identified that there was evidence of widespread 13 abuse of Opana ER, correct? 14 MR. LIMBACHER: Object to form, 15 foundation. 16 THE WITNESS: I'd be happy to 17 look at that document again. We saw it 18 a while ago. 19 BY MS. SCULLION: 20 Q. It's in the record. 21 So now let's turn to the RiskMAP 22 Update Report for the period October 1st, 2011 23 to December 31st, 2011, and I'll note it's dated 24 March 7th, 2012.</p>	<p style="text-align: right;">Page 676</p> <p>1 Do you see that? 2 A. Yes, again, you read that 3 correctly. 4 Q. Okay. So Endo is acknowledging 5 finally in this report that abuse and misuse of 6 Opana ER is a problem, nonetheless Endo is 7 saying there's no safety signal; is that 8 correct? 9 MR. LIMBACHER: Object to form, 10 misstates the evidence. 11 THE WITNESS: Well, you pointed 12 me to a different spot. I'd be happy to 13 go back and look at the other exhibits. 14 We didn't look at the introduction, so I 15 can't comment on the -- whether or not 16 the comment about abuse and misuse of 17 Opana and Opana ER continues to be a 18 problem. I suspect it's in the 19 introduction of the other documents as 20 well. 21 BY MS. SCULLION: 22 Q. Well, if you look at the date for 23 Exhibit 65, this is dated March 7th, 2012, 24 correct?</p>
<p style="text-align: right;">Page 675</p> <p>1 (Document marked for 2 identification as Endo-Lortie Deposition 3 Exhibit No. 65.) 4 BY MS. SCULLION: 5 Q. It's Exhibit 65. 6 And Exhibit 65 is Bates stamped 7 ENDO-OR-CID-01044118. 8 A. Yes, I have that. 9 Q. Okay. Now, if you'll go to page 10 4 of this report, under the heading 11 "Introduction," looking at the second paragraph, 12 and Endo reports to the FDA, "Overall, during 13 this period no safety signals have been 14 identified and no patterns have diversion were 15 observed in the supply chain." 16 Did I read that correctly? 17 MR. LIMBACHER: Object to form. 18 THE WITNESS: That's -- you read 19 the sentence accurately. 20 BY MS. SCULLION: 21 Q. Next sentence, "Based on the 22 available data, no new trends were observed, but 23 abuse and misuse of Opana and Opana ER continues 24 to be a problem."</p>	<p style="text-align: right;">Page 677</p> <p>1 A. That's the date of the report, 2 yes. 3 Q. And as of that date, Endo now had 4 FDA approval for its reformulated version of 5 Opana ER, correct? 6 A. Well, as of March 7th it did. Of 7 course, the period is covering December 31st, 8 the product had just received approval, but it 9 was not yet marketed. In fact, in March of 2012 10 it was not on the market. 11 Q. But as of the date of the report, 12 Endo had in hand now approval to launch a new 13 product, correct? 14 A. FDA approval was received in 15 December of 2011, but there was some time to 16 ensure manufacturing of adequate supply before 17 it was put into the marketplace. 18 Q. And the question is, though, as 19 of the date of this report, Endo now had in hand 20 FDA approval for a reformulated version of Opana 21 ER, right? 22 A. As of the time of the report it 23 did, yes. 24 Q. And Endo's intention was to</p>

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<p>1 substitute the reformulated version of Opana ER 2 for the original version, correct?</p> <p>3 MR. LIMBACHER: Object to form 4 and foundation.</p> <p>5 THE WITNESS: The plan was to 6 effect as smooth as possible a 7 transition between the original 8 formulation and new formulation, the key 9 objective being to ensure that patients 10 who were titrated to effect were not -- 11 didn't experience an interruption in 12 supply. We had some challenges doing 13 that but...</p> <p>14 BY MS. SCULLION:</p> <p>15 Q. But Endo intended at the end of 16 that to have the newly reformulated version of 17 Opana ER replace the old version, correct?</p> <p>18 MR. LIMBACHER: Same objections.</p> <p>19 THE WITNESS: The ultimate plan 20 was to have only the new version on the 21 market.</p> <p>22 BY MS. SCULLION:</p> <p>23 Q. Correct. 24 And, as we discussed before,</p>	<p>1 perspective, correct?</p> <p>2 MR. LIMBACHER: Object to form 3 and outside the scope of the direct.</p> <p>4 THE WITNESS: I understand that 5 is what eventually happened. That, of 6 course, happened after I left the 7 company, so I wasn't part of that 8 decision.</p> <p>9 BY MS. SCULLION:</p> <p>10 Q. So, overall, the original Opana 11 ER proved to be too unsafe because of abuse, and 12 the reformulated version of Opana ER likewise 13 proved to be too unsafe because of abuse, 14 correct?</p> <p>15 MR. LIMBACHER: Objection, form 16 foundation and misstates the evidence.</p> <p>17 THE WITNESS: Yeah, I don't think 18 I can agree with that, so I disagree.</p> <p>19 MS. SCULLION: I have no further 20 questions.</p> <p>21 THE VIDEOGRAPHER: That concludes 22 today's deposition. The time is 23 8:14 p m. 24 (Brief recess.)</p>
<p style="text-align: center;">Page 679</p> <p>1 Endo's intent was to have that reformulated 2 version approved as an abuse deterrent 3 formulation, correct?</p> <p>4 MR. LIMBACHER: Same objections.</p> <p>5 THE WITNESS: That was the intent 6 and the objective, yes.</p> <p>7 BY MS. SCULLION:</p> <p>8 Q. Right, and the FDA never approved 9 the reformulated product as an abuse deterrent 10 formulation, correct?</p> <p>11 MR. LIMBACHER: Object to form, 12 asked and answered.</p> <p>13 THE WITNESS: Ultimately, after 14 much deliberation and submission of data 15 and negotiations and discussions, that's 16 correct, they have not yet or they never 17 did finally approve that language.</p> <p>18 BY MS. SCULLION:</p> <p>19 Q. And you're aware, are you not, 20 that after a number of years of selling the 21 reformulated product, Endo withdrew that product 22 after the FDA had determined that the abuse of 23 the reformulated product also showed that its 24 risks outweighed its benefits from a safety</p>	<p style="text-align: center;">Page 681</p> <p>1 (Deposition resumes at 8:15 p.m.)</p> <p>2 MR. LIMBACHER: We have no 3 questions. 4 (Witness excused.) 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>

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<p style="text-align: center;">Page 682</p> <p>1 C E R T I F I C A T I O N</p> <p>2 I, MARGARET M. REIHL, a</p> <p>3 Registered Professional Reporter,</p> <p>4 Certified Realtime Reporter, Certified</p> <p>5 Shorthand Reporter, Certified LiveNote</p> <p>6 Reporter and Notary Public, do hereby</p> <p>7 certify that the foregoing is a true and</p> <p>8 accurate transcript of the testimony as</p> <p>9 taken stenographically by and before me</p> <p>10 at the time, place, and on the date</p> <p>11 hereinbefore set forth.</p> <p>12 I DO FURTHER CERTIFY that I</p> <p>13 am neither a relative nor employee nor</p> <p>14 attorney nor counsel of any of the</p> <p>15 parties to this action, and that I am</p> <p>16 neither a relative nor employee of such</p> <p>17 attorney or counsel, and that I am not</p> <p>18 financially interested in the action.</p> <p>19</p> <p>20</p> <p>21 -----</p> <p>22 Margaret M. Reihl, RPR, CRR, CLR</p> <p>23 CSR #XI01497 Notary Public</p> <p>24</p>	<p style="text-align: center;">Page 684</p> <p>1 A C K N O W L E D G M E N T O F D E P O N E N T</p> <p>2</p> <p>3 I, BRIAN LORTIE, do hereby</p> <p>4 certify that I have read the foregoing</p> <p>5 pages, and that the same is a correct</p> <p>6 transcription of the answers given by me</p> <p>7 to the questions therein propounded,</p> <p>8 except for the corrections or changes in</p> <p>9 form or substance, if any, noted in the</p> <p>10 attached Errata Sheet.</p> <p>11</p> <p>12</p> <p>13</p> <hr/> <p>14 BRIAN LORTIE DATE</p> <p>15</p> <p>16 Subscribed and sworn to before me this</p> <p>17 ____ day of _____, 2018.</p> <p>18 My commission expires: _____</p> <p>19</p> <hr/> <p>20 Notary Public</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
<p style="text-align: center;">Page 683</p> <p>1 - - - - -</p> <p>2 E R R A T A</p> <p>3 - - - - -</p> <p>4 PAGE LINE CHANGE</p> <p>5 _____</p> <p>6 REASON: _____</p> <p>7 _____</p> <p>8 REASON: _____</p> <p>9 _____</p> <p>10 REASON: _____</p> <p>11 _____</p> <p>12 REASON: _____</p> <p>13 _____</p> <p>14 REASON: _____</p> <p>15 _____</p> <p>16 REASON: _____</p> <p>17 _____</p> <p>18 REASON: _____</p> <p>19 _____</p> <p>20 REASON: _____</p> <p>21 _____</p> <p>22 REASON: _____</p> <p>23 _____</p> <p>24 REASON: _____</p>	